

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

UnitedHealth Group Incorporated PAC (United for Health)

ADDRESS (number and street) ▼

9900 Bren Road East

☐ Check if different than previously reported. (ACC)

Minnetonka

MN

55343

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00274431

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☒ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
10 01 2013

through

M M M / D D D / Y Y Y Y Y Y  
10 31 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Susan Sherwood

Signature of Treasurer

Susan Sherwood

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
11 20 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
10 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y  
10 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2013</span>		<span style="border: 1px solid black; padding: 2px;">220131.42</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">326215.15</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">86070.80</span>	<span style="border: 1px solid black; padding: 2px;">585254.03</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">412285.95</span>	<span style="border: 1px solid black; padding: 2px;">805385.45</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">82825.00</span>	<span style="border: 1px solid black; padding: 2px;">475924.50</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">329460.95</span>	<span style="border: 1px solid black; padding: 2px;">329460.95</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	1		2	0	1	3		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		3	1		2	0	1	3		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	78410.25	464060.38
(ii) Unitemized .....	7660.55	121193.65
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	86070.80	585254.03
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	86070.80	585254.03
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	86070.80	585254.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	86070.80	585254.03

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	100.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	100.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	47250.00	432000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	248.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	248.00
29. Other Disbursements .....	35575.00	43576.50
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	82825.00	475924.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	82825.00	475924.50

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	86070.80	585254.03
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	248.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	86070.80	585006.03
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	100.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 209

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

A. JULIE BUSKE

Mailing Address 12937 HIALEAH COURT

City

APPLE VALLEY

State

MN

Zip Code

55124-9739

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Empl Rel

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 10 / 2013

Transaction ID : 36616238

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. KIRK PUMPHREY

Mailing Address 901 N 3RD ST #503

City

MINNEAPOLIS

State

MN

Zip Code

55401-1541

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 10 / 2013

Transaction ID : 36616240

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. STEPHEN HEMSLEY

Mailing Address 622 FERNDAL ROAD WEST

City

WAYZATA

State

MN

Zip Code

55391-9628

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

CEO Pres

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 28 / 2013

Transaction ID : 36616242

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

8500.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. MOLLIE CHAPMAN**

Mailing Address 226 BERNARD DR

City State Zip Code  
 MONROE OH 45050-1510

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Assc Dir Ntwk Contrctng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 31 2013

Transaction ID : PR1159790531589

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. KEN HOVERMAN**

Mailing Address 16221 SIERRA DE AVILA

City State Zip Code  
 TAMPA FL 33613-5222

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Mktg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 31 2013

Transaction ID : PR1159790931589

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DEBORAH STREB**

Mailing Address 2201 NORTH STAR ROAD

City State Zip Code  
 UPPER ARLINGTON OH 43221-3810

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Dir Proj Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 31 2013

Transaction ID : PR1159794131589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

68.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. ANTHONY KAZLAUSKAS**

Mailing Address 11 CARNIVAL TERRACE

City

WEST WARWICK

State

RI

Zip Code

02893-1985

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR1159794631589

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. CARLA MUGGIO**

Mailing Address 3533 FAIR OAKS LANE

City

LONGBOAT KEY

State

FL

Zip Code

34228-4121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Ntwk Contract Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

10 / 31 / 2013

Transaction ID : PR1159798231589

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. SHARON SWAN**

Mailing Address 395 STEAMBOAT CROSSING

City

DRIPPING SPRINGS

State

TX

Zip Code

78620-4342

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SB Dir NAs Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR1159803231589

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

98.46



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 209

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. BRIAN BELLOWS**

Mailing Address 10 SHADOWOOD LANE

City State Zip Code  
 TRUMBULL CT 06611-4062

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Dir Bus Dvlp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 31 2013

Transaction ID : PR1159803831589

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. KEITH NOBLITT**

Mailing Address 122 SOUTH OAK POINTE DR

City State Zip Code  
 SENECA SC 29672-6764

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 SCE 3 NAs Ind Contr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 31 2013

Transaction ID : PR1159805531589

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JAMES ELLISTON**

Mailing Address 302 S 52ND ST

City State Zip Code  
 OMAHA NE 68132-3544

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Dir Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 31 2013

Transaction ID : PR1159805931589

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JAMES WATSON**

Mailing Address 6520 SHENANDOAH DR

City  
LINCOLN

State  
NE

Zip Code  
68510-5159

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR1159806031589**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MARILYN NEVIN**

Mailing Address 7930 GOLDEN VALLEY ROAD UNIT 4

City  
GOLDEN VALLEY

State  
MN

Zip Code  
55427-4490

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR1159807431589**

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. WAYNE COOK**

Mailing Address 1200 PEBBLE HILL ROAD

City  
DOYLESTOWN

State  
PA

Zip Code  
18901-3007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR1159812831589**

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

190.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. DAVID WICHMANN**

Mailing Address 7000 ANTRIM ROAD

City  
EDINA

State  
MN

Zip Code  
55439-1708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

EVP Pres UHG Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR1159814731589**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. PATRICK ERLANDSON**

Mailing Address 1000 OLD LONG LAKE ROAD

City  
WAYZATA

State  
MN

Zip Code  
55391-9690

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Bus Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR1159815931589**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. BRUCE MEAD**

Mailing Address 1232 GRAY BRANCH RD

City  
MCKINNEY

State  
TX

Zip Code  
75071-6495

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP SIs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR1159816131589**

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

789.20

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. PATRICIA SAURO**

Mailing Address 8943 HIDDEN MEADOW R

City  
WOODBURY

State Zip Code  
MN 55125-9138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
SVP UnitedHlthcare

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR1159816431589**

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. WILLIAM MUNSELL**

Mailing Address 2119 WINDSONG CIRCLE

City  
WAYZATA

State Zip Code  
MN 55391-2259

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
EVP UnitedHlth Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR1159816631589**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. JOHN PENSHORN**

Mailing Address 120 BLACK OAKS LANE

City  
WAYZATA

State Zip Code  
MN 55391-1363

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
SVP UnitedHlth Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR1159816931589**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

704.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. PAUL KALLMEYER**

Mailing Address 468 HERALD DR

City

AMBLER

State

PA

Zip Code

19002-1530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Deputy Gen Counsel Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR1159817431589

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. TIMOTHY RYAN**

Mailing Address 4913 BRUCE AVE

City

EDINA

State

MN

Zip Code

55424-1113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2134.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR1159817931589

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. THOMAS QUIRK**

Mailing Address 4307 BEECHWOOD LANE

City

DALLAS

State

TX

Zip Code

75220-1909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR1159819131589

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

394.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. DAVID FALK**

Mailing Address 323 LAWRENCE AVE

City

HIGHLAND PARK

State

NJ

Zip Code

08904-1851

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR1159820231589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. WILLIAM TRACY**

Mailing Address 13016 CANTERBURY

City

LEAWOOD

State

KS

Zip Code

66209-1768

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1269.40

Date of Receipt

10 / 31 / 2013

Transaction ID : PR1159821531589

Amount of Each Receipt this Period

115.40

P/R Deduction (\$57.70 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. RICHARD MIGLIORI**

Mailing Address PO BOX 72

City

WAYZATA

State

MN

Zip Code

55391-0072

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

EVP Consumr Hlth Med Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR1159827431589

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

343.40

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. BARBARA BUENEMANN**

Mailing Address 128 ROSEBROOK DR

City  
FLORISSANT

State Zip Code  
MO 63031-8633

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Cust Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.88

Date of Receipt

10 / 31 / 2013

Transaction ID : PR1159828731589

Amount of Each Receipt this Period

23.08

P/R Deduction (\$11.54 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JEANNINE RIVET**

Mailing Address 4305 TRILLIUM WAY

City  
MINNETRISTA

State Zip Code  
MN 55364-7708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

EVP UnitedHlth Grp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

10 / 31 / 2013

Transaction ID : PR1159830031589

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JACK E SHUFF**

Mailing Address 360 ASPEN LANE

City  
COVINGTON

State Zip Code  
LA 70433-5736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SB RVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

819.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR1159830531589

Amount of Each Receipt this Period

39.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

446.68

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. JOHN STEVENSON**

Mailing Address 5 BARBERRY DRIVE

City

BURLINGTON

State

CT

Zip Code

06013-1529

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Assc Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.60

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR1159839331589**

Amount of Each Receipt this Period

19.60

P/R Deduction (\$9.80 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Mr. ANTHONY WELTERS**

Mailing Address 919 SAIGON ROAD

City

MCLEAN

State

VA

Zip Code

22102-2116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

EVP UnitedHlth Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.30

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR1332013231589**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. ROBERT BOHNENKAMP**

Mailing Address 4925 WOODS COURT

City

GREENWOOD

State

MN

Zip Code

55331-9291

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR1551005631589**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

482.20



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. MICHAEL BRESOLIN**

Mailing Address 121 W VIEW STREET

City  
LOMBARD

State Zip Code  
IL 60148-1659

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Care Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR1551005731589**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. CHRISTOPHER HOCK**

Mailing Address 215 WINDMILL HILL

City  
WETHERSFIELD

State Zip Code  
CT 06109-2746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.88

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR1551128931589**

Amount of Each Receipt this Period

23.08

P/R Deduction (\$11.54 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MICHAEL MATTEO**

Mailing Address 25 JEREMIAHS WAY

City  
SOUTH GLASTONBURY

State Zip Code  
CT 06073-3621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Chief Growth Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1917.06

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR1551133431589**

Amount of Each Receipt this Period

536.46

P/R Deduction (\$268.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

599.54

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. ERIKA A ROGERS**

Mailing Address 2449 GUYNN AVENUE

City  
CHICO

State  
CA

Zip Code  
95926-2012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Acct Mgr Clnt Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR1551160731589

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. THOMAS VALERIUS**

Mailing Address 2820 DEER RUN TRAIL

City

LONG LAKE

State

MN

Zip Code

55356-9690

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Recruiting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1692.24

Date of Receipt

10 / 31 / 2013

Transaction ID : PR1551161331589

Amount of Each Receipt this Period

153.84

P/R Deduction (\$76.92 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. LOIS WEIHRAUCH**

Mailing Address 10392 SHERMAN DRIVE

City

EDEN PRAIRIE

State

MN

Zip Code

55347-4452

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR1551161431589

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

293.84

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

A. JOHN ENDERLE

Mailing Address 31 ANDREIS TRAIL

City

SOUTH WINDSOR

State

CT

Zip Code

06074-2142

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn Exec Dir

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR1554323531589

Amount of Each Receipt this Period

110.00

P/R Deduction (\$55.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. CHRISTINE HARRIS

Mailing Address 25 JUSTIN LANE

City

WETHERSFIELD

State

CT

Zip Code

06109-2542

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Clms

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR1554323631589

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. CATHERINE SPILLANE

Mailing Address 3807 PLEASANT VALLEY DRIVE

City

MISSOURI CITY

State

TX

Zip Code

77459-4111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Bus Process

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR1554324631589

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

168.46

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. KAREN ERICKSON**

Mailing Address 15348 RED OAKS ROAD SE

City  
PRIOR LAKE

State Zip Code  
MN 55372-1834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Optum Exec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR1575957631589**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. ERNEST MONFILETTO**

Mailing Address 3062 COMFORT ROAD

City  
NEW HOPE

State Zip Code  
PA 18938-5622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Ntwk Prgms

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1692.24

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR1575958131589**

Amount of Each Receipt this Period

153.84

P/R Deduction (\$76.92 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. LEE VALENTA**

Mailing Address 4701 GOLF TERRACE

City  
EDINA

State Zip Code  
MN 55424-1514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Pres Lif Scis

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR1575958531589**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

923.04

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. THOMAS PAUL**

Mailing Address 2006 QUEEN AVENUE SOUTH

City State Zip Code  
MINNEAPOLIS MN 55405-2350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
UHC Chief Cnsmr Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 31 2013

Transaction ID : PR1580864731589

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ROBERT WEBB**

Mailing Address 4516 DREXEL AVENUE

City State Zip Code  
EDINA MN 55424-1130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
SVP UnitedHlth Grp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 31 2013

Transaction ID : PR1580865331589

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. RICHARD HUGHES**

Mailing Address 735 SAINT MORITZ

City State Zip Code  
VICTORIA MN 55386-3706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
SVP Human Capital Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 31 2013

Transaction ID : PR1596304131589

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

784.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. THAD JOHNSON**

Mailing Address 16848 STIRRUP LN

City

EDEN PRAIRIE

State

MN

Zip Code

55347-3339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Mkt Group Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR1596304331589**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JOHN KING**

Mailing Address 1 EDEN HILL LANE

City

SOUTHWICK

State

MA

Zip Code

01077

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Natl Acct RVP SIs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR1596304431589**

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JAY MATUSHAK**

Mailing Address 9346 SHETLAND ROAD

City

EDEN PRAIRIE

State

MN

Zip Code

55347-3749

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR1596304631589**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

298.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. CAROL MORNESS**

Mailing Address 6844 FLEUR DE LANE

City State Zip Code  
 STONE LAKE WI 54876

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

Transaction ID : PR1596304931589

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DANIEL SCHUMACHER**

Mailing Address 11582 RASPBERRY HILL ROAD

City State Zip Code  
 EDEN PRAIRIE MN 55344-3268

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Mkt Group CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3646.65

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

Transaction ID : PR1596305431589

Amount of Each Receipt this Period

676.66

P/R Deduction (\$338.33 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. SCOTT THEISEN**

Mailing Address 1950 MEADOWWOODS TRAIL

City State Zip Code  
 LONG LAKE MN 55356-9312

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

Transaction ID : PR1596305631589

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

792.04

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 209

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. THOMAS LEWIS**

Mailing Address 306 CHIPPEWA AVENUE

City  
TAMPAState  
FLZip Code  
33606-3614FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

**Transaction ID : PR1596306931589**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ROBERT OBERRENDER**

Mailing Address 4505 MOORLAND AVENUE

City  
EDINAState  
MNZip Code  
55424-1158FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

**Transaction ID : PR1596307031589**

Amount of Each Receipt this Period

220.00

P/R Deduction (\$110.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MICHAEL ANDERSON**

Mailing Address 17907 INVERNESS CURVE

City  
EDEN PRAIRIEState  
MNZip Code  
55347-2155FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Med Clin Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

**Transaction ID : PR1596309331589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

324.92

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. DIANE FLYNN**

Mailing Address 3318 FOXRIDGE CIRCLE

City State Zip Code  
TAMPA FL 33618-2149

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Regn Exec Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 31 2013

Transaction ID : PR1596309731589

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JEFFREY DOOLEY**

Mailing Address 1142 GREENBROOK DRIVE

City State Zip Code  
DANVILLE CA 94526-4306

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
KA VP Sls Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.88

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 31 2013

Transaction ID : PR1596312131589

Amount of Each Receipt this Period

23.08

P/R Deduction (\$11.54 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. RICHARD DUNLOP**

Mailing Address 2964 WYSE COURT

City State Zip Code  
LEWIS CENTER OH 43035-8253

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 31 2013

Transaction ID : PR1596312331589

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

121.08

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. STEVAN GARCIA**

Mailing Address 28115 BOULDER BRIDGE DRIVE

City State Zip Code  
 EXCELSIOR MN 55331-7959

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 SVP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

Transaction ID : PR1596312931589

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. KURT HEUMANN**

Mailing Address 9825 GERALD DR

City State Zip Code  
 SAINT LOUIS MO 63128-1767

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

Transaction ID : PR1596313731589

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. KATHLEEN MALLATT**

Mailing Address 4304 SOUTH 167 AVENUE

City State Zip Code  
 OMAHA NE 68135-1353

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Exec Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

Transaction ID : PR1596315431589

Amount of Each Receipt this Period

250.00

P/R Deduction (\$125.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

328.46

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. JOHN RENNICK**

Mailing Address 3220 LAKEWOOD EDGE DRIVE

City State Zip Code  
 CHARLOTTE NC 28269-7705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

10 / 31 / 2013

Transaction ID : PR1596316831589

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. DANIEL ROSENTHAL**

Mailing Address 109 SLEEPY HOLLOW LANE

City State Zip Code  
 ORINDA CA 94563-1340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Regn CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

823.06

Date of Receipt

10 / 31 / 2013

Transaction ID : PR1596317331589

Amount of Each Receipt this Period

438.46

P/R Deduction (\$419.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. KEVIN RUTH**

Mailing Address 16621 ALEXANDER MANOR DRIVE

City State Zip Code  
 SILVER SPRING MD 20905-5028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 SVP, Hlth Advancement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1833.34

Date of Receipt

10 / 31 / 2013

Transaction ID : PR1596317431589

Amount of Each Receipt this Period

333.34

P/R Deduction (\$166.67 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

810.26

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. DAVID STURKEY**

Mailing Address 1625 CONE FLOWER WAY

City

SUWANEE

State

GA

Zip Code

30024-8576

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SB KA VP SIs Acct Mgt

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR1596318431589**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. ROXANNE THOMAS**

Mailing Address 720 COUNTRY LAKES DR

City

CIRCLE PINES

State

MN

Zip Code

55014-5488

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Prod

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.88

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR1596318931589**

Amount of Each Receipt this Period

23.08

P/R Deduction (\$11.54 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. JEFFREY TODD**

Mailing Address 467 PRAIRIE WAY SOUTH

City

BAYPORT

State

MN

Zip Code

55003-1607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Underwriting

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR1596319031589**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

151.08

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. CHRIS TURNAU**

Mailing Address PO BOX 43216

3741 DUNBAR KNOLL

City

BROOKLYN PARK

State

MN

Zip Code

55443-0216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2013

Transaction ID : PR1596319131589

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. FRANK VIERLING**

Mailing Address N5021 GREENS COULEE

City

ONALASKA

State

WI

Zip Code

54650

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2013

Transaction ID : PR1596319431589

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. M LAURIE WASSERSTEIN**

Mailing Address 92 GOODWIN CIRCLE

City

HARTFORD

State

CT

Zip Code

06105-5205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

PS NA VP CInt Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2013

Transaction ID : PR1596319531589

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

78.46

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. MYRON WERLEY**

Mailing Address 4260 FOXBERRY COURT

City  
MEDINA

State Zip Code  
MN 55340-9390

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR1596319631589**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. WILLIAM WILSON**

Mailing Address 7 CLIFFORD AVENUE

City  
TOLLAND

State Zip Code  
CT 06084-2535

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR1596320031589**

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. JANET GULLETT**

Mailing Address 7310 WELLS RD

City  
PLAIN CITY

State Zip Code  
OH 43064-9337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Mgr IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR1596320131589**

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

80.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JOHN DODDY**

Mailing Address 1 ROXITICUS VIEW

City  
CHESTER

State  
NJ

Zip Code  
07930-3020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Info Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR1600597331589

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MICHAEL MICHAUX**

Mailing Address 742 GOODRICH AVE

City  
SAINT PAUL

State  
MN

Zip Code  
55105-3343

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP GM PCM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR1600598531589

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. LEWIS SANDY**

Mailing Address 4800 SUNNYSLOPE ROAD E

City  
EDINA

State  
MN

Zip Code  
55424-1163

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Clin Advancement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR1600598731589

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

478.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. MATTHEW PETERSON**

Mailing Address 20595 SPENCER LANE

City  
EXCELSIORState  
MNZip Code  
55331-4523FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment CAO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR1602669931589

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JEFFREY MALONEY**

Mailing Address 18076 CLEAR SPRING LANE

City  
EDEN PRAIRIEState  
MNZip Code  
55347-1078FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR1613243531589

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. WILLIAM KENNEDY**

Mailing Address 14 MYRA LN

City  
BURLINGTONState  
CTZip Code  
06013-1327FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR1653443131589

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

432.30

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. STEVE KOOREN**

Mailing Address 4444 ELLSWORTH DRIVE

City State Zip Code  
 EDINA MN 55435-4150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Bus Segment COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

**Transaction ID : PR1653443231589**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. THOMAS BELLAMY**

Mailing Address 2743 THOMAS AVENUE SOUTH

City State Zip Code  
 MINNEAPOLIS MN 55416-4346

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 SB RVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1269.40

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

**Transaction ID : PR1653444331589**

Amount of Each Receipt this Period

115.40

P/R Deduction (\$57.70 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. ROBERT HOLMAN**

Mailing Address N12464 HORSESHOE BEND RD

City State Zip Code  
 MINONG WI 54859-8026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Dir Prov Reimb

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

**Transaction ID : PR1653445031589**

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

520.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. ALISTAIR JACQUES**

Mailing Address 645 OLD LONG LAKE ROAD

City State Zip Code  
 WAYZATA MN 55391-9684

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Bus Segment CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

Transaction ID : PR1653445231589

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DANIEL SULLIVAN**

Mailing Address 57 QUORN HUNT ROAD

City State Zip Code  
 WEST SIMSBURY CT 06092-2524

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.88

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

Transaction ID : PR1653445831589

Amount of Each Receipt this Period

23.08

P/R Deduction (\$11.54 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. ELIZABETH CORBIN**

Mailing Address 7985 LEA CIRCLE

City State Zip Code  
 BLOOMINGTON MN 55438-1286

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Hlth Care Initiv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

Transaction ID : PR1669432231589

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

607.68

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Mr. MILES SNOWDEN**

Mailing Address 3412 KNOLLWOOD DRIVE

City  
ATLANTA

State Zip Code  
GA 30305-1020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Chief Med Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR1746717831589**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ANN DESTWOLINSKI**

Mailing Address 4247 ROSE PETAL COURT

City  
ELLICOTT CITY

State Zip Code  
MD 21043-4973

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Preservice Review

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR1806441631589**

Amount of Each Receipt this Period

22.00

P/R Deduction (\$11.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JASON DUDASH**

Mailing Address 2918 BACHMAN RD

City  
MANCHESTER

State Zip Code  
MD 21102-1723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Mgr IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR1806441931589**

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

426.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. WILLIAM TALAMANTES**

Mailing Address 11618 ROLLING MEADOW DR

City  
GREAT FALLS

State Zip Code  
VA 22066-1342

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Six Sigma Cnslt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR1806444731589**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. LORI ARCHER**

Mailing Address 2781 SADDLE CLUB ROAD

City  
GREENWOOD

State Zip Code  
IN 46143-9211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Prov Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.88

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR1806750131589**

Amount of Each Receipt this Period

23.08

P/R Deduction (\$11.54 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. PAUL EMERSON**

Mailing Address 18855 MEADOW VIEW BLVD

City  
PRIOR LAKE

State Zip Code  
MN 55372-3133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Bus Segment CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR1806750331589**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

180.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

A. SHERRI PINOTTI

Mailing Address 416 BEAR AVE S

City

VADNAIS HEIGHTS

State

MN

Zip Code

55127-7078

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir IT Proj Mgmt

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR1832039831589

Amount of Each Receipt this Period

19.00

P/R Deduction (\$9.50 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. CATHERINE ANDERSON

Mailing Address 37 W 2000 S

City

DRIGGS

State

ID

Zip Code

83422-4874

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Bus Dvlp

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1505.20

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR1903550731589

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. KATHLEEN BISHOP-HEROUX

Mailing Address 145 COTTAGE RD

City

ENFIELD

State

CT

Zip Code

06082-2208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Gen Mgmt

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR1903560831589

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

253.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. ROBERT DUFEK**

Mailing Address 816 PROMONTORY PLACE

City State Zip Code  
 EAGAN MN 55123-2297

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

Transaction ID : PR1903577131589

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. SUSAN EDBERG**

Mailing Address 9727 WELLINGTON RIDGE

City State Zip Code  
 WOODBURY MN 55125-9592

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Bus Segment COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

Transaction ID : PR1903578131589

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. CHRISTOPHER JOHNSON**

Mailing Address 12880 53RD STREET NORTH

City State Zip Code  
 STILLWATER MN 55082-1063

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

Transaction ID : PR1903591131589

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

328.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. STEVEN PENN**

Mailing Address 6766 IDLEWOOD WAY

City

EDEN PRAIRIE

State

MN

Zip Code

55346-3506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2013

Transaction ID : PR1903612931589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JOHN SANTELLI**

Mailing Address 20030 EXCELSIOR BLVD

City

EXCELSIOR

State

MN

Zip Code

55331-8727

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2013

Transaction ID : PR1903622031589

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. LORI STEERUP**

Mailing Address 7019 DONLEA LANE

City

EDEN PRAIRIE

State

MN

Zip Code

55346-3164

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Human Capital Partner Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2013

Transaction ID : PR1903628631589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

256.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. PAUL WEYMOUTH**

Mailing Address 317 WRIGHTS MILL RD

City  
COVENTRY

State Zip Code  
CT 06238-1559

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR1903636931589**

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. PAMELA JAMIAN**

Mailing Address 15316 COUTOLENC RD

City  
MAGALIA

State Zip Code  
CA 95954-9791

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Cust Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.88

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR1910417431589**

Amount of Each Receipt this Period

23.08

P/R Deduction (\$11.54 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. BRADLEY ALLEN**

Mailing Address 1046 THORNBERRY CREEK DR

City  
ONEIDA

State Zip Code  
WI 54155-8632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Sr Assc Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2119466831589**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

101.54



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. JON BEATY**

Mailing Address 15110 SE 126TH AVE

City  
CLACKAMASState  
ORZip Code  
97015-9257FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Clin Qlty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2119467831589

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. RUSSELL BENNETT**

Mailing Address 4 HALSEY AVE

City  
LAGUNA NIGUELState  
CAZip Code  
92677-5327FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Mktg Bus Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2119468031589

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. SUSAN BERKEL**

Mailing Address 10 SHADOW GLEN

City  
IRVINEState  
CAZip Code  
92620-0204FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4224.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2119468131589

Amount of Each Receipt this Period

384.00

P/R Deduction (\$192.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

444.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

A. KATHIE BRYAN

Mailing Address 912 JOSHUA PLACE

City

SAN DIEGO

State

CA

Zip Code

92154-2537

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Dir Mrkting Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2119469431589

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DANIEL CADRIEL

Mailing Address 23634 NORTH 58TH AVENUE

City

GLENDALE

State

AZ

Zip Code

85310-3647

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

URS MGR CLNT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2119469831589

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. COLLEEN CAMPBELL

Mailing Address 5515 W 73RD AVENUE

City

WESTMINSTER

State

CO

Zip Code

80003-3311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Dir Clin Qlty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2119469931589

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

100.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. DAVID CARLSON**

Mailing Address 13130 WESTPORT ST

City  
MOORPARK

State Zip Code  
CA 93021-2958

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Mktg Rsch

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2119470231589**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. LESLIE CARTER**

Mailing Address 19021 POPPY HILL CIRCLE

City  
HUNTINGTON BEACH

State Zip Code  
CA 92648-6710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Ntwk Contrctng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2119470331589**

Amount of Each Receipt this Period

192.00

P/R Deduction (\$96.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. RICHARD CROSS**

Mailing Address 11361 DONOVAN ROAD

City  
ROSSMOOR

State Zip Code  
CA 90720-2931

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Deputy Gen Counsel Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2119471831589**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

282.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. KENNETH DAVIS**

Mailing Address 315 N 71ST ST

City  
SEATTLE

State  
WA

Zip Code  
98103-5019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR2119472531589**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. LINDA DAYAN**

Mailing Address 5364 E ABBEYFIELD ST

City  
LONG BEACH

State  
CA

Zip Code  
90815-3023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Chief of Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR2119472631589**

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. TODD DEMBROSKI**

Mailing Address 1390 FINCH LN

City  
GREEN BAY

State  
WI

Zip Code  
54313-6400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Act Svs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR2119472831589**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

108.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. TARA DUNGAN**

Mailing Address 619 HIGH COUNTRY RIDGE

City

SAN ANTONIO

State

TX

Zip Code

78260-1829

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Dir Med Clin Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR2119473231589**

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. AMY GILDERNICK**

Mailing Address 2709 WILLIAMS GRANT

City

DE PERE

State

WI

Zip Code

54115-9456

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Dir Clms

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR2119475231589**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. SANDRA GLICKMAN**

Mailing Address 5135 RIO BRAVO DR

City

BANNING

State

CA

Zip Code

92220-6648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Case Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR2119475331589**

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

80.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. DAVID HANSEN**

Mailing Address 33 VIA CONOCIDO

City State Zip Code  
 SAN CLEMENTE CA 92673-7044

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2970.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

Transaction ID : PR2119476731589

Amount of Each Receipt this Period

270.00

P/R Deduction (\$135.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ANNE HARVEY**

Mailing Address 4916 THOR WAY

City State Zip Code  
 CARMICHAEL CA 95608-5650

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Assc Dir Prov Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

Transaction ID : PR2119477231589

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. PAULINE HAYES**

Mailing Address PO BOX 839

City State Zip Code  
 HUNTINGTON BEACH CA 92648-0839

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Assc Dir Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

Transaction ID : PR2119477431589

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

310.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. SAMUEL HO**

Mailing Address 4220 OCEAN DR

City State Zip Code  
 MANHATTAN BEACH CA 90266-3059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Mkt Grp Chief Clin Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3383.60

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR2119477931589**

Amount of Each Receipt this Period

307.60

P/R Deduction (\$153.80 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. KEVIN HOST**

Mailing Address 14617 GRANT ST

City State Zip Code  
 OVERLAND PARK KS 66221-2283

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Pharm Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR2119478231589**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DONNA L HUSER**

Mailing Address 406 SKYTRAIL DR

City State Zip Code  
 NEW BRAUNFELS TX 78130-9010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Clms Bus Proc Anlyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR2119478631589**

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

367.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. BRIAN JEFFREY**

Mailing Address 9 RIMROCK

City State Zip Code  
 IRVINE CA 92603-3604

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Regn Pres Ntwk Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

Transaction ID : PR2119479131589

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JOHN JONES**

Mailing Address 3562 REDWOOD

City State Zip Code  
 IRVINE CA 92606-2124

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

Transaction ID : PR2119479231589

Amount of Each Receipt this Period

192.00

P/R Deduction (\$96.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MARK KNUTSON**

Mailing Address 19312 FAIRHAVEN EXT

City State Zip Code  
 SANTA ANA CA 92705-6310

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Cust Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

Transaction ID : PR2119480231589

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. SANDY M LUEDKE**

Mailing Address 1208 COPRINUS DR

City  
GREEN BAYState  
WIZip Code  
54313-7286FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

IT Database Cnslt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2119482231589

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. HEATHER MACE-MEADOR**

Mailing Address 13531 CARLTON OAKS

City  
SAN ANTONIOState  
TXZip Code  
78232-4902FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Med Clin Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2119482531589

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JEFFREY MASON**

Mailing Address 5670 SHEMIRAN ST

City  
LA VERNEState  
CAZip Code  
91750-2380FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2119483031589

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

100.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. CAROLYN MURRAY

Mailing Address 834 WOODTACK COVE WAY

City

HENDERSON

State

NV

Zip Code

89002-8294

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Plan of Nevada

Occupation

SB Mgr Acct Mgmt

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2119484831589

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. SCOTT NEURURER

Mailing Address 23822 VIA MONTE

City

COTO DE CAZA

State

CA

Zip Code

92679-4001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2119484931589

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. KEITH E NYGARD

Mailing Address 1139 E OCEAN BOULEVARD  
#106

City

LONG BEACH

State

CA

Zip Code

90802-6521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Compli Cnslt

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2119485031589

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

80.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. TRACY L OLLMANN-WAGNER**

Mailing Address 2839 TIMBER LANE

City  
GREEN BAY

State Zip Code  
WI 54313-5841

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Mgr Sls Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 31 2013

Transaction ID : PR2119485231589

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. WILLIAM OLSON**

Mailing Address 1825 GALINDO AVE APT 416

City  
CONCORD

State Zip Code  
CA 94520-2696

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 31 2013

Transaction ID : PR2119485331589

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. LYND A PAXSON**

Mailing Address 3924 E GARNET PL

City  
HIGHLANDS RANCH

State Zip Code  
CO 80126-5044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Sr Field Acct Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 31 2013

Transaction ID : PR2119485831589

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

100.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

A. DIANA PETE

Mailing Address 9010 MORNINGSTAR DRIVE

City

SUGAR LAND

State

TX

Zip Code

77479-3316

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Utilization Mgmt

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2119486331589

Amount of Each Receipt this Period

24.00

P/R Deduction (\$12.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MICHELLE PETERS

Mailing Address 1128 COUNTRYSIDE DR

City

DE PERE

State

WI

Zip Code

54115-1040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Act Svs

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2119486431589

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. AUSTIN PITTMAN

Mailing Address 14 LOCH RIDGE DRIVE

City

GREENSBORO

State

NC

Zip Code

27408-3868

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Pres Ntwks

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2970.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2119486731589

Amount of Each Receipt this Period

270.00

P/R Deduction (\$135.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

324.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. CYNTHIA POLICH**

Mailing Address 3401 E VIA PALOMITA

City  
TUCSONState  
AZZip Code  
85718-3371FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Strat Initiv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2013

Transaction ID : PR2119486831589

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JAMES PROCHNOW**

Mailing Address 143 RUSTIC OAK DRIVE

City

LUXEMBURG

State

WI

Zip Code

54217-7320

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2013

Transaction ID : PR2119487231589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. SHARON A RICCIUTI**

Mailing Address 55 PERENNIAL

City

IRVINE

State

CA

Zip Code

92603-0621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Clin Qlty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2013

Transaction ID : PR2119487931589

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

248.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. DEBBIE E ROGERS**

Mailing Address 413 DOE RUN RD

City  
SEQUIM

State  
WA

Zip Code  
98382-4704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Proj Mgr I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2119488631589**

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. CAROL A SCACCIA**

Mailing Address 14848 LANDERWOOD DR

City  
EASTVALE

State  
CA

Zip Code  
92880-3992

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA New Bus Coord

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2119489331589**

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. MARTIN SING**

Mailing Address 9407 LLANO VERDE

City  
HELOTES

State  
TX

Zip Code  
78023-4156

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Cust Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2119490131589**

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. RONALD STETTLER**

Mailing Address 6028 SCOTMIST DR

City State Zip Code  
 RANCHO PALOS VERDES CA 90275-3349

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Hlthcare Econ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

**Transaction ID : PR2119490431589**

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MARILYNN STYERS**

Mailing Address 6485 WAYFINDERS CT

City State Zip Code  
 CARLSBAD CA 92011-4076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Med Clin Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

**Transaction ID : PR2119490731589**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. CHERYL TANIGAWA MD**

Mailing Address 5598 NAPLES CANAL

City State Zip Code  
 LONG BEACH CA 90803-4018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 SVP Entrprs Hlth Svs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

**Transaction ID : PR2119491131589**

Amount of Each Receipt this Period

550.00

P/R Deduction (\$275.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

610.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. CHERYL THOMSON**

Mailing Address 222 FOREST DR

City

SOBIESKI

State

WI

Zip Code

54171-9748

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Compli

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2119491631589

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. STEVEN TUCKER**

Mailing Address 12331 COUNTRY LANE

City

SANTA ANA

State

CA

Zip Code

92705-3330

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Regl Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2119492031589

Amount of Each Receipt this Period

192.00

P/R Deduction (\$96.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. SUSAN VANASTEN**

Mailing Address W313 GOLDEN GLOW RD

City

KAUKAUNA

State

WI

Zip Code

54130-7809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Site Dir Medicr Ins Slis

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2119492631589

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

302.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. SCOTT WESTPHAL**

Mailing Address 4536 ROCKY RUN LN

City  
OCONTO

State Zip Code  
WI 54153-9268

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Act Svs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.88

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2119493231589**

Amount of Each Receipt this Period

23.08

P/R Deduction (\$11.54 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. LINDA DAUGHERTY**

Mailing Address 15442 NORTH 19TH WAY

City  
PHOENIX

State Zip Code  
AZ 85022-3329

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Assc Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2119493531589**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. GREGORY WRIGHT**

Mailing Address 13901 MAUVE DRIVE

City  
SANTA ANA

State Zip Code  
CA 92705-2649

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Regn Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2119494131589**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

113.08

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. GEORGE YOUNG**

Mailing Address 36296 N 98TH WAY

City

SCOTTSDALE

State

AZ

Zip Code

85262-3138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn Exec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2013

Transaction ID : PR2119494431589

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. STEVEN C YOUNG**

Mailing Address 10765 QUAIL CREEK DRIVE EAST

City

PARKER

State

CO

Zip Code

80138-3064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SB Acct Exec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2013

Transaction ID : PR2119494531589

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. FORREST BURKE**

Mailing Address 380 LEAF STREET

City

ORONO

State

MN

Zip Code

55356-9733

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Pres PS Labor Trust

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2013

Transaction ID : PR2133132431589

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. WILLIAM COLEMAN**

Mailing Address 831 RATLEY ROAD

City

WEST SUFFIELD

State

CT

Zip Code

06093-2400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Clms

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2133132531589

Amount of Each Receipt this Period

24.00

P/R Deduction (\$12.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DANIEL CUMMINGS**

Mailing Address 1929 FAIRMOUNT AVE

City

SAINT PAUL

State

MN

Zip Code

55105-1539

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2133132631589

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. CHARLES W HANSON**

Mailing Address 4133 WHITE OAK LN

City

EXCELSIOR

State

MN

Zip Code

55331-5702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2133133131589

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

79.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. BROR HULTGREN**

Mailing Address 408 22ND ST

City  
GOLDENState  
COZip Code  
80401-2452FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2133133231589

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ALLEN MILLER**

Mailing Address 6209 CRESCENT DRIVE

City  
EDINAState  
MNZip Code  
55436-2530FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn Exec Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2133133631589

Amount of Each Receipt this Period

70.00

P/R Deduction (\$35.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. SUSAN MORISATO**

Mailing Address 238 ARDMORE ROAD

City  
DES PLAINESState  
ILZip Code  
60016-2119FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Pres Insurance Sols

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4246.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2133133831589

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

532.92

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. KIMBERLY NETTLETON**

Mailing Address 5003 DARNELL

 City  
 HOUSTON

 State  
 TX

 Zip Code  
 77096-1510

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013
**Transaction ID : PR2133133931589**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. T JEFFREY PUTNAM**

Mailing Address 303 ELMWOOD PLACE WEST

City

MINNEAPOLIS

State

MN

Zip Code

55419-1349

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Financial Plng Anlys

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013
**Transaction ID : PR2133134231589**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DIANE SCHIMMELBUSCH**

Mailing Address 2203 RIVER FALLS DRIVE

City

KINGWOOD

State

TX

Zip Code

77339-3124

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

OptumHealth

Occupation

Exec Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013
**Transaction ID : PR2133134631589**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

464.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. ANITA SHIELS**

Mailing Address 7729 KENSINGTON MANOR LANE

City State Zip Code  
 WAKE FOREST NC 27587-3909

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 31 2013

Transaction ID : PR2133134731589

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DANIEL COLE**

Mailing Address 9790 FOXWORTH DRIVE

City State Zip Code  
 JOHNS CREEK GA 30022-6259

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 UHC SIs RVP KA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 31 2013

Transaction ID : PR2145728331589

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. ROBERT FALKENBERG**

Mailing Address 6069 WEATHERED OAK CT

City State Zip Code  
 WESTERVILLE OH 43082-8304

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 31 2013

Transaction ID : PR2145728431589

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

116.92

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. WILLIAM MICKLE**

Mailing Address 8 DURANGO COURT

City State Zip Code  
ALISO VIEJO CA 92656-8068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Bus Segment CAO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR2145729131589**

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. WAYNE MILLER**

Mailing Address 19521 SIERRA SOTO RD

City State Zip Code  
IRVINE CA 92603-3840

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
SVP Clnt Relationship

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR2145729231589**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. LEAH RUMMEL**

Mailing Address 12100 TRAUTWEIN ROAD

City State Zip Code  
AUSTIN TX 78737-9358

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR2145729531589**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. MICHAEL P SCHWARZ**

Mailing Address 13935 WOODRIDGE PATH

City  
SAVAGE

State  
MN

Zip Code  
55378-3155

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Hlthcare Econ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR2145729731589**

Amount of Each Receipt this Period

35.00

P/R Deduction (\$35.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DANNETTE SMITH**

Mailing Address 5414 BYSCANE LANE

City

MINNETONKA

State

MN

Zip Code

55345-5601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Deputy Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4246.00

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR2145729931589**

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. RANDALL SMITH**

Mailing Address 20607 BROADWATER DRIVE

City

LAND O LAKES

State

FL

Zip Code

34638-8328

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.88

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR2145730031589**

Amount of Each Receipt this Period

23.08

P/R Deduction (\$11.54 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

444.08



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. MARGARET SPARKS**

Mailing Address 44 TOPANGA

City State Zip Code  
 IRVINE CA 92602-2422

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

Transaction ID : PR2145730231589

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MARYNELL BENSON**

Mailing Address 222 IRON WORKS WAY

City State Zip Code  
 WAYNE PA 19087-4213

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Exec Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

Transaction ID : PR2162866931589

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DAVID SPIVACK**

Mailing Address 37 HIDDEN TRAIL

City State Zip Code  
 IRVINE CA 92603-0212

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 SVP Bus Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

Transaction ID : PR2162867631589

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

504.60

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. KURT LEWIS**

Mailing Address 961 RIVER FOREST DRIVE

City  
MAINEVILLE

State  
OH

Zip Code  
45039-7720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
KA VP SIs Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.88

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2203967531589**

Amount of Each Receipt this Period

23.08

P/R Deduction (\$11.54 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. CHRISTINE GIBSON**

Mailing Address 8516 29TH AVE N

City  
NEW HOPE

State  
MN

Zip Code  
55427-2622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Strat Initiv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2538.36

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2225166731589**

Amount of Each Receipt this Period

230.76

P/R Deduction (\$115.38 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JEAN-FRANCOIS BEAULE**

Mailing Address 7 STRATFORD RD

City  
FARMINGTON

State  
CT

Zip Code  
06032-1444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
SVP Hlth Advancement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1269.40

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2225813631589**

Amount of Each Receipt this Period

115.40

P/R Deduction (\$57.70 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

369.24

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. NANCY CARRUTH**

Mailing Address 10140 26TH AVENUE NORTH

City

PLYMOUTH

State

MN

Zip Code

55441-3226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir IT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2225818431589

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MICHAEL MCGUIRE**

Mailing Address 437 DRURY LANE

City

WYCKOFF

State

NJ

Zip Code

07481-2204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2225818831589

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. ERIC RANGEN**

Mailing Address 15348 RED OAKS ROAD SE

City

PRIOR LAKE

State

MN

Zip Code

55372-1834

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Chief Accting Off

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2225819331589

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

454.60

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JOHN RYAN**

Mailing Address 45 WESTMORELAND LN

City  
NAPERVILLE

State  
IL

Zip Code  
60540-5817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
RVP Clnt Mgmt Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2225819631589**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ROY SAILOR**

Mailing Address 276 COYOTE WILLOW DRIVE

City  
COLORADO SPRINGS

State  
CO

Zip Code  
80921-7631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Clnt Svc Acct Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1692.24

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2225819731589**

Amount of Each Receipt this Period

153.84

P/R Deduction (\$76.92 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MICHAEL CORNE**

Mailing Address 12642 CHIEFS COURT

City  
FISHERS

State  
IN

Zip Code  
46037-9553

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Regl Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2231346931589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

258.76

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. KAREN DIPALMO**

Mailing Address 7533 PRAIRIE VIEW DR

City

INDIANAPOLIS

State

IN

Zip Code

46256-8408

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Golden Rule Financial Corp.

Occupation

Dir Ntwk Prgms

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2013

Transaction ID : PR2231347231589

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DARRELL RICHEY**

Mailing Address 10823 MOORS END CIRCLE

City

FISHERS

State

IN

Zip Code

46038-2612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Golden Rule Financial Corp.

Occupation

Deputy Gen Counsel Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1760.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2013

Transaction ID : PR2231352331589

Amount of Each Receipt this Period

160.00

P/R Deduction (\$80.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MICHAEL CONNLY**

Mailing Address 570 MONTCALM PL

City

SAINT PAUL

State

MN

Zip Code

55116-1730

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Chief Tech Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2013

Transaction ID : PR2247625831589

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

420.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. SHANKAR RAO**

Mailing Address 10622 EQUESTRIAN DR

City State Zip Code  
 COWAN HEIGHTS CA 92705-2426

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.42

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

Transaction ID : PR2247626331589

Amount of Each Receipt this Period

19.22

P/R Deduction (\$9.61 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JOSEPH CARCIONE**

Mailing Address 11 CARRIAGE WAY

City State Zip Code  
 WHITE PLAINS NY 10605-5424

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1269.40

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

Transaction ID : PR2247626831589

Amount of Each Receipt this Period

115.40

P/R Deduction (\$57.70 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KEVIN KANTOLA**

Mailing Address 7031 HALSTEAD DRIVE

City State Zip Code  
 MINNETRISTA MN 55364-3201

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

Transaction ID : PR2247627031589

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

212.62

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. DENNIS O'BRIEN**

Mailing Address 61 LOUGHLIN AVE

City  
COS COB

State Zip Code  
CT 06807-2621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Regn Pres Ntwk Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1769.32

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2247627331589

Amount of Each Receipt this Period

365.36

P/R Deduction (\$182.68 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. JEFFERY VERNEY**

Mailing Address 266 WESTLEDGE ROAD

City  
WEST SIMSBURY

State Zip Code  
CT 06092-2017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1269.40

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2247627431589

Amount of Each Receipt this Period

115.40

P/R Deduction (\$57.70 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. SANJAY GARODIA**

Mailing Address 282 MIDDAUGH

City  
CLARENDON HILLS

State Zip Code  
IL 60514-1067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
COO IBS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2247627831589

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

557.68

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

A. DANIEL OHMAN

Mailing Address 8970 MOOR PARK RUN

City  
DULUTH

State Zip Code  
GA 30097-6621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Regn CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

952.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 31 2013

Transaction ID : PR2247628031589

Amount of Each Receipt this Period

413.86

P/R Deduction (\$386.94 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JEFFREY CRUMBAUGH

Mailing Address 8850 COLEMAN BLVD  
#212

City  
FRISCO

State Zip Code  
TX 75034-3213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
M R Sls Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 31 2013

Transaction ID : PR2259635231589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JOHN PRINCE

Mailing Address 546 HARRINGTON ROAD

City  
WAYZATA

State Zip Code  
MN 55391-1550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Optum Exec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2134.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 31 2013

Transaction ID : PR2259738431589

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

635.86

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. CHRISTOPHER CRONN**

Mailing Address 1001 CONGRESS  
SUITE 300

City State Zip Code  
AUSTIN TX 78701-5002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

Transaction ID : PR2270522931589

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. SIMON STEVENS**

Mailing Address 1716 EMERSON AVENUE SOUTH

City State Zip Code  
MINNEAPOLIS MN 55403-2906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
EVP UnitedHlth Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2391.40

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

Transaction ID : PR2364863231589

Amount of Each Receipt this Period

217.40

P/R Deduction (\$108.70 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. CAROLE CURRY**

Mailing Address 411 FLEECE FLOWER DRIVE

City State Zip Code  
GAITHERSBURG MD 20878-2646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Sr Proj Mgr II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

Transaction ID : PR2402315731589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

322.32

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

A. JEANNE DE SA

Mailing Address 3000 TILDEN STREET NW #204-1

City

WASHINGTON

State

DC

Zip Code

20008-3017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Rsch

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

Transaction ID : PR2402315931589

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MJ FRASCINO

Mailing Address 7 PIONEER DRIVE

City

ELLINGTON

State

CT

Zip Code

06029-3221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Mktg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

Transaction ID : PR2402316531589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. DONALD JACOBS

Mailing Address 19495 VINE RIDGE ROAD

City

EXCELSIOR

State

MN

Zip Code

55331-9173

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Proj Mgr II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

Transaction ID : PR2402317331589

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

148.00

TOTAL This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. ANGELA KEPLEY CARRIER**

Mailing Address 3219 PENINSULA DRIVE

City

JAMESTOWN

State

NC

Zip Code

27282-8717

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Med Clin Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

Transaction ID : PR2402317731589

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MARILYN LEVI-BAUMGARTEN**

Mailing Address 4800 W 27TH ST

City

SAINT LOUIS PARK

State

MN

Zip Code

55416-1933

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

Transaction ID : PR2402317931589

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JAKE LOGAN**

Mailing Address 4826 EAST CALLE REDONDA

City

PHOENIX

State

AZ

Zip Code

85018-2931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

Transaction ID : PR2402318231589

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

130.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. MARIA MCCAULEY**

Mailing Address 7511 4TH AVENUE DRIVE NW

City  
BRADENTONState  
FLZip Code  
34209-7219FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2402318431589

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. STACY MCGRATH**

Mailing Address 5625 CHOWEN AVE S

City  
EDINAState  
MNZip Code  
55410-2345FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Proj Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2402318531589

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. RICHARD MOCKLER**

Mailing Address 2113 13TH AVE SOUTH

City  
SEATTLEState  
WAZip Code  
98144-4116FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Bus Dvlp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2402318731589

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. ANDREA MORRISON DAVIS**

Mailing Address 2 LAKESHIRE COURT

City State Zip Code  
OWINGS MILLS MD 21117-1246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Acct Mgt Cons Clnt Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2402318931589

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DIANE SOUZA**

Mailing Address 3430 GALT OCEAN DRIVE  
UNIT 1111

City State Zip Code  
FORT LAUDERDALE FL 33308-7047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
CEO Spclty Bens

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.30

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2402320031589

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. LORI LILIENTHAL**

Mailing Address 5701 S JOSH WYATT DR

City State Zip Code  
SIOUX FALLS SD 57108-5225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
EVP UnitedHlth Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4246.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2402320231589

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

790.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. LYNN ZEPP**

Mailing Address 22503 MAGNOLIA TRACE BOULEVARD

City State Zip Code  
 LUTZ FL 33549-9306

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

Transaction ID : PR2402320931589

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. SHELLEY CRANLEY**

Mailing Address 3801 MAURICE COURT

City State Zip Code  
 LAS VEGAS NV 89108-5245

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Dir Regl Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

Transaction ID : PR2402444431589

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DANIEL WEAVER**

Mailing Address 5271 HEATHERTON LANE

City State Zip Code  
 HIGHLANDS RANCH CO 80130-6621

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

Transaction ID : PR2402444631589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

248.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JAY ANLIKER

Mailing Address 4306 MOUNTAIN LANE

City  
WAUSAUState  
WIZip Code  
54401-8543FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

CEO TPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2402445031589

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JAMES BECKER

Mailing Address 378 FERNDAL ROAD WEST

City  
WAYZATAState  
MNZip Code  
55391-1559FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3384.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2402445131589

Amount of Each Receipt this Period

307.70

P/R Deduction (\$153.85 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JAMES COLEMAN

Mailing Address 4135 ETHAN DRIVE

City  
EAGANState  
MNZip Code  
55123-4908FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Empl Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2402445231589

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

547.70

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JAMES DONOVAN**

Mailing Address 2816 MONTREAU DRIVE

City State Zip Code  
FRISCO TX 75034-1855

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
SVP Bus Dev Mktg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR2402445331589**

Amount of Each Receipt this Period

130.00

P/R Deduction (\$65.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JOHN LARSEN**

Mailing Address 11688 TANGLEWOOD DRIVE

City State Zip Code  
EDEN PRAIRIE MN 55347-4726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Bus Segment CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4246.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR2402445631589**

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JOY HIGA**

Mailing Address 2208 ELM AVENUE

City State Zip Code  
MANHATTAN BEACH CA 90266-2809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Regl Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR2402446231589**

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

576.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. RUSSELL PETRELLA**

Mailing Address 4 GRAMERCY PARK WEST  
APT #2

City State Zip Code  
NEW YORK NY 10003-1717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Regn Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

Transaction ID : PR2402446431589

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. CORY ALEXANDER**

Mailing Address 4203 BRADLEY LANE

City State Zip Code  
CHEVY CHASE MD 20815-5234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Gov't Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

Transaction ID : PR2405428831589

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. RODNEY ARMSTEAD**

Mailing Address 406 LEWELEN CIRCLE

City State Zip Code  
ENGLEWOOD NJ 07631-2021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Optum Exec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1104.60

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

Transaction ID : PR2405430231589

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

776.90

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. PETER WALSH**

Mailing Address 495 HIGHCROFT ROAD

City

WAYZATA

State

MN

Zip Code

55391-1548

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Deputy Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2134.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2405431131589**

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. KAREN SAELENS**

Mailing Address 105 N FLORENCE AVE

City

LITCHFIELD PARK

State

AZ

Zip Code

85340-4424

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Exec Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2408544831589**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KATHLYN WEE**

Mailing Address 2225 46TH ST NW

City

WASHINGTON

State

DC

Zip Code

20007-1032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP State Sls OptumI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2408545031589**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

274.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. GAIL KOZIARA BOUDREAUX**

Mailing Address 841 HOLDEN COURT

 City  
 LAKE FOREST

 State  
 IL

 Zip Code  
 60045-4913

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer  
 United HealthCare Services Inc

 Occupation  
 EVP Gr Pres UHC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2013					

Transaction ID : PR2437119531589

Amount of Each Receipt this Period

384.62

P/R Deduction (\$192.31 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. SCOTT BOWERS**

Mailing Address 809 GADSDEN PLACE

 City  
 FRANKLIN

 State  
 TN

 Zip Code  
 37067-1304

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer  
 United HealthCare Services Inc

 Occupation  
 Plan Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2013					

Transaction ID : PR2437119631589

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JEFFREY CORZINE**

Mailing Address 7649 EARLINGTON PARKWAY

 City  
 DUBLIN

 State  
 OH

 Zip Code  
 43017-3424

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer  
 United HealthCare Services Inc

 Occupation  
 Dir Mktg Bus Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2013					

Transaction ID : PR2437119731589

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

444.62

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. ANA FUENTEVILLA**

Mailing Address 4815 NORTH CAMINO ESCUELA

City  
TUCSON

State  
AZ

Zip Code  
85718-5913

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

NA Med Dir/CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR2437119831589**

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. RITA JOHNSON-MILLS**

Mailing Address 9727 SKY LANE

City

EDEN PRAIRIE

State

MN

Zip Code

55347-3814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR2437120131589**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. DAVID THOMAS**

Mailing Address 841 LAKE ROAD

City

BRADFORDWOODS

State

PA

Zip Code

15015-1331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Deputy Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR2437120431589**

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JACK WEISS**

Mailing Address 6245 NORTH 75 STREET

City State Zip Code  
 SCOTTSDALE AZ 85250-4621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Bus Segment CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

**Transaction ID : PR2437120531589**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. PAUL BALTHAZOR**

Mailing Address 9013 FARNSWORTH AVENUE NORTH

City State Zip Code  
 BROOKLYN PARK MN 55443-1754

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Bus Segment CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

**Transaction ID : PR2437120731589**

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KELLY CLARK**

Mailing Address 13540 BIRCHWOOD AVENUE

City State Zip Code  
 ROSEMOUNT MN 55068-3561

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Bus Segment CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

**Transaction ID : PR2437121331589**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

246.92

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. ROBERT PRESTON**

Mailing Address 14904 SUMMIT OAKS DRIVE

City  
BURNSVILLE

State  
MN

Zip Code  
55337-4162

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2437121431589

Amount of Each Receipt this Period

1000.00

P/R Deduction (\$1000.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. LAURA NESS**

Mailing Address 10550 PINNACLE WAY

City  
WOODBURY

State  
MN

Zip Code  
55129-4282

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2437121531589

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. JOHN COSGRIFF**

Mailing Address 1837 SUMMIT LANE

City  
MENDOTA HEIGHTS

State  
MN

Zip Code  
55118-4137

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Chief of Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2437121631589

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1118.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. PETER RAINEY**

Mailing Address 3115 WEST 47 STREET

City State Zip Code  
 MINNEAPOLIS MN 55410-1857

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2530.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

**Transaction ID : PR2437127531589**

Amount of Each Receipt this Period

230.00

P/R Deduction (\$115.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. ROBIN LIPPERT**

Mailing Address 522 4 STREET SOUTH EAST

City State Zip Code  
 WASHINGTON DC 20003-4212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Dir Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

**Transaction ID : PR2439928031589**

Amount of Each Receipt this Period

384.62

P/R Deduction (\$192.31 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. STEPHEN HEYMAN**

Mailing Address 5300 SHERRILL AVENUE

City State Zip Code  
 CHEVY CHASE MD 20815-3720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

**Transaction ID : PR2444265731589**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

814.62

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. LORI MCDUGAL**

Mailing Address 19705 LAKEVIEW AVENUE

City  
EXCELSIORState  
MNZip Code  
55331-9351FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Optum Exec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2445015331589

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DONALD LANGER**

Mailing Address 5110 OAK RAMBLING DRIVE

City  
KATYState  
TXZip Code  
77494-1971FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Plan Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2445015431589

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. NANCY LIND**

Mailing Address 2703 NORTHVIEW LANE

City  
CEDAR FALLSState  
IAZip Code  
50613-1655FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Exec Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2445016231589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

452.60

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. AMY ADLINGTON SHKABERIN

Mailing Address 4428 XERXES AVENUE S

City

MINNEAPOLIS

State

MN

Zip Code

55410-1417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Human Capital

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2445016431589

Amount of Each Receipt this Period

833.34

P/R Deduction (\$416.67 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. LILLI ANN HIRSH

Mailing Address 7379 DEVIN LANE

City

SHAKOPEE

State

MN

Zip Code

55379-7029

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Human Capital Partner Mgr

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2445016731589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. LENYS ALCOREZA

Mailing Address 809 SANTA FE COURT

City

VIRGINIA BEACH

State

VA

Zip Code

23456-6744

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Sls Mktg C S

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2445016831589

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

881.34

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. MARK DUHAIME**

Mailing Address 5781 RUBY DRIVE

City  
TROYState  
MIZip Code  
48085-3922FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Info Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1494.87

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2445016931589

Amount of Each Receipt this Period

502.58

P/R Deduction (\$251.29 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DAVID SIEGEL**

Mailing Address 264 LAKEWOOD DRIVE

City

BLOOMFIELD HILLS

State

MI

Zip Code

48304-3531

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2445017131589

Amount of Each Receipt this Period

91.26

P/R Deduction (\$45.63 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. EILEEN LIVERANI**

Mailing Address 100 BOSTOCK ROAD

City

SHOKAN

State

NY

Zip Code

12481-5400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Cust Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

609.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2460167231589

Amount of Each Receipt this Period

55.40

P/R Deduction (\$27.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

649.24

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. DANIEL KRAJNOVICH**

Mailing Address 9958 BUTTOWNDOWN LANE

City  
ZIONSVILLE

State  
IN

Zip Code  
46077-8135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR2460167331589**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JUNE THIELEN**

Mailing Address 6245 WAKEFIELD COURT

City  
SHAKOPEE

State  
MN

Zip Code  
55379-7091

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
SVP Human Capital

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.60

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR2460167531589**

Amount of Each Receipt this Period

27.60

P/R Deduction (\$13.80 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KARIN KEITEL**

Mailing Address 3918 HAVEN ROAD

City  
MINNETONKA

State  
MN

Zip Code  
55345-2371

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Bus Segment Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR2460167631589**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

167.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JELKA S PETROVIC**

Mailing Address 4454 PEPPER MILL LANE

City  
ORION

State  
MI

Zip Code  
48359-2069

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2460168031589

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. LARRY RENFRO**

Mailing Address 5 DOVE LANE

City

ANDOVER

State

MA

Zip Code

01810-2845

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

EVP UHG CEO Optum

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2460168131589

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DAVID ORBUCH**

Mailing Address 3370 SYCAMORE LANE

City

PLYMOUTH

State

MN

Zip Code

55441-2229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Optum Exec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.66

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2460168231589

Amount of Each Receipt this Period

576.66

P/R Deduction (\$288.33 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

981.26

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. ERIC WEXLER**

Mailing Address 7220 WILLOW OAK DR

City State Zip Code  
 WEST BLOOMFIELD MI 48324-3081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Bus Segment Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

704.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

**Transaction ID : PR2463723131589**

Amount of Each Receipt this Period

64.00

P/R Deduction (\$32.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. KAREN WALKOWSKI**

Mailing Address 6359 COUNTRY ROAD

City State Zip Code  
 EDEN PRAIRIE MN 55346-1342

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Dir Bus Process

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

**Transaction ID : PR2463723431589**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. SUE SCHICK**

Mailing Address 714 GREYTHORNE ROAD

City State Zip Code  
 WYNNEWOOD PA 19096-2511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

**Transaction ID : PR2480620531589**

Amount of Each Receipt this Period

250.00

P/R Deduction (\$125.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

354.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. CHRISTOPHER ABBOTT**

Mailing Address W154N6076 HICKORY HOLLOW CT

City State Zip Code  
MENOMONEE FALLS WI 53051-5891

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Regn Exec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR2484541531589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. LILLIAN HECKMAN**

Mailing Address 552 DEER LAKE CIRCLE

City State Zip Code  
BLUE BELL PA 19422-1371

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Proj Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR2484542131589**

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. KEVIN KNARR**

Mailing Address 3138 O STREET NW

City State Zip Code  
WASHINGTON DC 20007-3116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR2484542331589**

Amount of Each Receipt this Period

2500.00

P/R Deduction (\$2500.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2588.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. MARK PHILLIPS**

Mailing Address 1760 LUCY RIDGE CT

City  
CHANHASSENState  
MNZip Code  
55317-7661FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP SIs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1155.20

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2484542631589

Amount of Each Receipt this Period

375.20

P/R Deduction (\$336.20 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DANIEL TROPEANO**

Mailing Address 270 RAVENSCLIFF RD

City  
SAINT DAVIDSState  
PAZip Code  
19087-4732FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2484542831589

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JERI KUBICKI**

Mailing Address 7659 COLDSTREAM DRIVE

City  
CINCINNATIState  
OHZip Code  
45255-3932FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2486697831589

Amount of Each Receipt this Period

900.00

P/R Deduction (\$450.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

1295.20

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. THOMAS MANDERFELD**

Mailing Address 4835 PENN AVENUE SOUTH

City

MINNEAPOLIS

State

MN

Zip Code

55419-5258

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2013

Transaction ID : PR2486697931589

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. LEANNE SCHEIBER**

Mailing Address 1008 LEXINGTON AVE N

City

NEW PRAGUE

State

MN

Zip Code

56071-2027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2013

Transaction ID : PR2486698131589

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DIRK MCMAHON**

Mailing Address 60 WILDHURST ROAD

City

EXCELSIOR

State

MN

Zip Code

55331-8461

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2013

Transaction ID : PR2491457031589

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. KATHRYN SULLIVAN**

Mailing Address 530 N LAKE SHORE DR # 2309

City	State	Zip Code
CHICAGO	IL	60611-7435

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Regn CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2134.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : PR2491457531589

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MARTIN TOOMB**

Mailing Address 4 STANLEY TERRACE

City	State	Zip Code
DOVER	NJ	07801-1605

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : PR2538641531589

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KARA SMITH**

Mailing Address 610 CRESTWOOD DRIVE

City	State	Zip Code
ALEXANDRIA	VA	22302-2533

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3884.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : PR2540175331589

Amount of Each Receipt this Period

557.66

P/R Deduction (\$278.83 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

781.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. HYLLIUS EDWARDS**

Mailing Address PO BOX 44246

City  
DENVER

State  
CO

Zip Code  
80201-4246

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2541300431589**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. PATRICIA PURDY**

Mailing Address 7417 LYNNHURST STREET

City

CHEVY CHASE

State

MD

Zip Code

20815-3101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.65

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2541300631589**

Amount of Each Receipt this Period

266.66

P/R Deduction (\$133.33 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. JOELLE TIERNEY**

Mailing Address 5710 TAYCHOPERA RD

City

MADISON

State

WI

Zip Code

53705-1020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2541300731589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

394.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JOHN VERSAGGI**

Mailing Address 800 ALBANY AVENUE

City

ALEXANDRIA

State

VA

Zip Code

22302-3501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.52

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2541300831589

Amount of Each Receipt this Period

192.32

P/R Deduction (\$96.16 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JOHN F DOHERTY**

Mailing Address 5338 SPILMAN AVENUE

City

SACRAMENTO

State

CA

Zip Code

95819-1734

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2542024531589

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. BRENDAN HOSTETLER**

Mailing Address 2309 W WINNEMAC AVE

City

CHICAGO

State

IL

Zip Code

60625-1817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2542541931589

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

302.32

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. RICHARD RAMSAY**

Mailing Address 543 E LURAY AVE

City

ALEXANDRIA

State

VA

Zip Code

22301-1605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2542542231589**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. IPYANA SPENCER**

Mailing Address 4226 40TH STREET NORTH

City

ARLINGTON

State

VA

Zip Code

22207-4610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2542542331589**

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. ANNE YAU**

Mailing Address 9905 WOODLAND DRIVE

City

SILVER SPRING

State

MD

Zip Code

20902-4047

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Regl Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2543582531589**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

190.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. CHANTA COMBS**

Mailing Address 4229 SUMMERTREE DRIVE

City

TALLAHASSEE

State

FL

Zip Code

32311-3331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4846.12

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2552313531589

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. JEANNE PACE**

Mailing Address 458 MORENO ROAD

City

WYNNEWOOD

State

PA

Zip Code

19096-1124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA Sr Acct Exe

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2552313731589

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. THOMAS BLOCHER**

Mailing Address 78 PATTI LYNN LANE

City

HOUSTON

State

TX

Zip Code

77024-7120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Behvrl Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2552960731589

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

174.92

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. KEVIN BROOKS**

Mailing Address 2750 FOUNTAIN LANE NORTH

City  
PLYMOUTH

State  
MN

Zip Code  
55447-1705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Mktg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2552961031589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. MARK BRUNELL**

Mailing Address 20 VERMILION CLIFFS

City  
ALISO VIEJO

State  
CA

Zip Code  
92656-8096

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Clnt Svc Acct Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2552961231589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. JEREMY BRYANT**

Mailing Address 11700 ARBORHILL DRIVE

City  
ZIONSVILLE

State  
IN

Zip Code  
46077-9683

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA Dir Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2552961331589

Amount of Each Receipt this Period

70.00

P/R Deduction (\$35.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

126.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

A. **MICHAEL COLEMAN**

Mailing Address 3325 LACEBARK PINE STREET

City

LAS VEGAS

State

NV

Zip Code

89129-8134

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southwest Medical Assoc. Inc.

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2552961431589

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. **MICHAEL EHLMAN**

Mailing Address 10051 VALLEY RIDGE COURT

City

LAS VEGAS

State

NV

Zip Code

89148-7602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Plan of Nevada

Occupation

Dir Apps Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2552962231589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. **SCOTT FLANNERY**

Mailing Address 8508 TRELADY CT

City

PLANO

State

TX

Zip Code

75024-6827

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn Growth Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2552962331589

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

126.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. WILLIAM GWINN**

Mailing Address 9302 CENTURY OAK COURT

City

BRENTWOOD

State

TN

Zip Code

37027-3321

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Proj Rsch Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.88

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2552962631589**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. CLAIRE HANNAN**

Mailing Address 25932 PORTAFINO DRIVE

City

MISSION VIEJO

State

CA

Zip Code

92691-5716

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2552962731589**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. OREN HERMEL**

Mailing Address 7705 WALDEN BLVD

City

WAUSAU

State

WI

Zip Code

54401-9006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2552962831589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

134.08



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. GREGORY JAMES**

Mailing Address 2323 KINGS POINT DRIVE

City

LARGO

State

FL

Zip Code

33774-1009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2552963231589**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JARRETT JEDLICKA**

Mailing Address 554 SPRUCE ST

City

EAGAN

State

MN

Zip Code

55123-4914

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2552963331589**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. BRADLEY JOHNSON**

Mailing Address 6705 SOUTHCREST DRIVE

City

EDINA

State

MN

Zip Code

55435-1549

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Bus Process

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2552963431589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

186.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. NARASIMHAN KIDAMBI**

Mailing Address 18477 85TH AVE N

City

MAPLE GROVE

State

MN

Zip Code

55311-1663

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Dir Bus Anlys

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR2552963831589**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. KENNETH LANTER**

Mailing Address 140 WILLING WAY

City

TROY

State

IL

Zip Code

62294-1287

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA Dir Sls Producing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR2552964031589**

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JOHN LOVELADY**

Mailing Address 6268 ORCHARD PARK

City

FRISCO

State

TX

Zip Code

75034-5126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn Pres Ntwk Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR2552964231589**

Amount of Each Receipt this Period

500.00

P/R Deduction (\$500.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

560.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. JULIE MACLEOD**

Mailing Address 15314 JEFFERS PASS NW

City  
PRIOR LAKE

State Zip Code  
MN 55372-3614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Human Capital Partner Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR2552964431589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. MICHELLE MARTO**

Mailing Address 149 WILLIAMSBURG COURT

City  
ALBANY

State Zip Code  
NY 12203-5502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR2552964731589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. CARL MATTSON**

Mailing Address 539 ROUTE 9P

City  
SARATOGA SPRINGS

State Zip Code  
NY 12866-7279

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Clnt Svc Acct Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR2552964831589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

84.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. REBECCA MCCABE**

Mailing Address 111 CONNORS CIRCLE

City State Zip Code  
 CARY NC 27511-6693

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 KA Sr Acct Exe

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

**Transaction ID : PR2552964931589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. MICHAEL MORRIS**

Mailing Address 2624 N HARTLAND COURT

City State Zip Code  
 CHICAGO IL 60614-4955

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 KA Dir Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.88

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

**Transaction ID : PR2552965031589**

Amount of Each Receipt this Period

23.08

P/R Deduction (\$11.54 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. LESLIE PAULUS**

Mailing Address 305 E TUCKEY LN

City State Zip Code  
 PHOENIX AZ 85012-1048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

**Transaction ID : PR2552965231589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

79.08

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. GARY PEKA**

Mailing Address 1122 FALLS CURVE

City  
CHASKA

State  
MN

Zip Code  
55318-1275

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Six Sigma Cnslt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2552965331589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DONALD POTTER**

Mailing Address 116 FULLER LANE

City

WINNETKA

State

IL

Zip Code

60093-4213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

NA VP Clnt Relationship

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2552965431589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KRISTINE SAMSEL**

Mailing Address 91 WAVERLY RD

City

HUNTINGTON

State

CT

Zip Code

06484-5835

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2552965731589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

84.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. THOMAS SCIUTO**

Mailing Address 160 ACORN LANE

City

MILFORD

State

CT

Zip Code

06461-1876

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA Dir Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2552966131589

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. BARRY STREIT**

Mailing Address 5421 KELLOGG AVENUE

City

EDINA

State

MN

Zip Code

55424-1604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

RVP Medicr Field Sls

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2552966731589

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. ANN TINKER**

Mailing Address 10809 GARDEN MIST DRIVE #1061

City

LAS VEGAS

State

NV

Zip Code

89135-2878

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regl Affs Sr Cnslt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2552966831589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

184.00

# SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. THOMAS VANDERHEYDEN**

Mailing Address 534 WAYZATA BLVD E

City

WAYZATA

State

MN

Zip Code

55391-1727

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Prod

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

Transaction ID : PR2552966931589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. AARON WACKER**

Mailing Address 4704 CAVAN ROAD

City

MOUND

State

MN

Zip Code

55364-1877

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Mgr Apps Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

Transaction ID : PR2552967031589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. GRETTA R WOODINGTON**

Mailing Address 10555 GARDEN ROSE DRIVE

City

LAS VEGAS

State

NV

Zip Code

89135-2836

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Pharmac

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

Transaction ID : PR2552967231589

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

76.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. SCOTT NAASZ**

Mailing Address 14327 BLUEBIRD TRAIL NE

City State Zip Code  
PRIOR LAKE MN 55372-1204

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Cust Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 31 2013

Transaction ID : PR2553474731589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MONICA RAYBURN**

Mailing Address 688 WEST SYCAMORE

City State Zip Code  
VERNON HILLS IL 60061-1084

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Clms

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 31 2013

Transaction ID : PR2553475131589

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. ANDREW SULLIVAN**

Mailing Address 1101 ROSEWOOD DRIVE

City State Zip Code  
ATLANTA GA 30306-3554

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Bus Adv/Tech Cnslt Sr Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 31 2013

Transaction ID : PR2553475331589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

134.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. RICHARD THOMAS**

Mailing Address 5121 DUPONT AVENUE SOUTH

City State Zip Code  
MINNEAPOLIS MN 55419-1151

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2134.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 31 2013

Transaction ID : PR2553475431589

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DENEEN VOJTA**

Mailing Address 5201 KELLOGG AVENUE

City State Zip Code  
EDINA MN 55424-1304

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
SVP Bus Initiv Clin Aff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4246.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 31 2013

Transaction ID : PR2553475531589

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DANIEL ZERAFA**

Mailing Address 61234 ADMIRAL DRIVE

City State Zip Code  
WASHINGTON TOWNSHIP MI 48094-1242

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 31 2013

Transaction ID : PR2553475731589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

608.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. COLLEEN COHAN**

Mailing Address 17402 SAINT THERESA DRIVE

City State Zip Code  
 OLNEY MD 20832-2547

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Assc Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR2554012731589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. DINO COLALUCA**

Mailing Address 23314 EVAN COURT NORTH

City State Zip Code  
 NEW BOSTON MI 48164-8507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR2554012831589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. SHELLY ESPINOSA**

Mailing Address 4060 WHITE OAK LANE

City State Zip Code  
 EXCELSIOR MN 55331-7753

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Dir Found/Social Resp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR2554012931589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

84.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. KARSTEN FLAGSTAD**

Mailing Address 13420 JAY ST NW

City  
ANDOVER

State  
MN

Zip Code  
55304-4015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Info Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2554013031589**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. PATRICK MEYER**

Mailing Address 20676 HAZELWOOD TRAIL

City  
LAKEVILLE

State  
MN

Zip Code  
55044-4678

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Compli

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2554013131589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. THOMAS MOORE**

Mailing Address 10733 TAVISTOCK DRIVE

City  
TAMPA

State  
FL

Zip Code  
33626-1718

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

PS Sr SIs Exe

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2554013231589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

256.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. GREGORY REIDY**

Mailing Address 1016 BLAKEFIELD DRIVE

City

BRENTWOOD

State

TN

Zip Code

37027-8479

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2554013331589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ASIR AHMAD**

Mailing Address 1935 HILLWOOD DRIVE

City

BLOOMFIELD HILLS

State

MI

Zip Code

48304-2420

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Med Dir

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2560064031589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JOY ALEXANDER**

Mailing Address 5116 NORTH TIOGA WAY

City

LAS VEGAS

State

NV

Zip Code

89149-5830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Plan of Nevada

Occupation

Assc Dir Mktg

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2560064131589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

84.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 OF 209

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. JIM BENNETT**

Mailing Address 3724 PINE TIP ROAD

City

TALLAHASSEE

State

FL

Zip Code

32312-1016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Assc Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2013

Transaction ID : PR2560064231589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DANIEL CLUTE**

Mailing Address 7756 N 85TH STREET

City

OMAHA

State

NE

Zip Code

68122-1281

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2134.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2013

Transaction ID : PR2560064431589

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. THOMAS COY**

Mailing Address 6970 SUZANNE COURT

City

SCHENECTADY

State

NY

Zip Code

12303-5285

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2013

Transaction ID : PR2560064531589

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

242.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. SANDRA FORQUER**

Mailing Address 96 AVENIDA ALDEA

City  
SANTA FEState  
NMZip Code  
87507-9449FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Prod

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2560064631589

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. CRAIG GAGE**

Mailing Address 275 BAYSHORE BLVD UNIT 1407

City  
TAMPAState  
FLZip Code  
33606-2331FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2560064731589

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. PAULA GAZELEY**

Mailing Address 36 MAYFAIR ROAD

City  
WYNANTSKILLState  
NYZip Code  
12198-8018FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Strat Clnt Exec EmpireRx

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2560064831589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

126.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. DONALD GIANCURSIO**

Mailing Address 72 MIDNIGHT RIDGE DR

City  
LAS VEGAS

State Zip Code  
NV 89135-1680

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Plan of Nevada

Occupation  
Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4246.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR2560064931589**

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JERI JONES**

Mailing Address 512 W ORANGEWOOD AVE

City  
PHOENIX

State Zip Code  
AZ 85021-7252

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Regn Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR2560065131589**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. SHELDON LIPPMAN**

Mailing Address 55 CLIFFFIELD ROAD

City  
BEDFORD

State Zip Code  
NY 10506-1210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2134.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR2560065431589**

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

658.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. ANGELA LOBERG**

Mailing Address 2837 EAST PARK PLACE

City State Zip Code  
 MILWAUKEE WI 53211-3845

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SB VP Sls Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2134.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 31 2013

Transaction ID : PR2560065531589

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JEFFREY LUCHT**

Mailing Address 191 MAIN ST

City State Zip Code  
 S GLASTONBURY CT 06073-3004

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Act Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2134.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 31 2013

Transaction ID : PR2560065631589

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KEVIN MARONEY**

Mailing Address 5052 NORMAN DRIVE

City State Zip Code  
 MINNETONKA MN 55345-4636

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 31 2013

Transaction ID : PR2560065731589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

416.00

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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FOR LINE NUMBER: PAGE 121 OF 209

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. DAVID MILICH**

Mailing Address 2702 BIRCHMERE COURT

City	State	Zip Code
KATY	TX	77450-1303

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 United HealthCare Services Inc

 Occupation  
 Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

Transaction ID : PR2560066031589

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. WILLIAM O'BRYANT**

Mailing Address 22191 WESTCLIFF

City	State	Zip Code
MISSION VIEJO	CA	92692-4310

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 United HealthCare Services Inc

 Occupation  
 Sr Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

Transaction ID : PR2560066131589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. RICHARD PERRIER**

Mailing Address 3161 EMERALD VALLEY ROAD

City	State	Zip Code
ELLICOTT CITY	MD	21042-1013

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 United HealthCare Services Inc

 Occupation  
 KA VP Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

Transaction ID : PR2560066231589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

134.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. DONALD ROWE**

Mailing Address 5 LANTERN LANE

City  
MAYNARD

State  
MA

Zip Code  
01754-2171

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA Dir of AM producing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2560066531589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. DENISE VAIL**

Mailing Address 35 CLEVELAND AVENUE

City  
SAYVILLE

State  
NY

Zip Code  
11782-1322

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Clnt Svc Acct Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2560066831589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. DEBRA COLLINS**

Mailing Address 3862 CARRIAGE HILL DRIVE

City  
FREDERICK

State  
MD

Zip Code  
21704-7313

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Ntwk Prgms

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2560398031589**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

86.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. KRISTA DICKMAN**

Mailing Address 2533 ONYX DRIVE

City  
SHAKOPEEState  
MNZip Code  
55379-2770FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Proj Mgr III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2560398131589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. GEORGE KOREAN**

Mailing Address 6 VERANO

City

FOOTHILL RANCH

State

CA

Zip Code

92610-1827

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Act Svs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2560398531589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. GARY MURRAY**

Mailing Address 13093 GROUSE POINTE COVE

City

DRAPER

State

UT

Zip Code

84020-8258

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Bus Risk Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2560398731589

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

76.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. TIMOTHY NOEL**

Mailing Address 4408 THOMAS AVE SOUTH

City State Zip Code  
 MINNEAPOLIS MN 55410-1968

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2319.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2560398831589

Amount of Each Receipt this Period

1539.00

P/R Deduction (\$1500.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. JAMES CRONIN**

Mailing Address 20700 DELTA DRIVE

City State Zip Code  
 GAITHERSBURG MD 20882-1121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2560821131589

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. PATRICK O'BRIEN**

Mailing Address 33 BARRINGTON DRIVE

City State Zip Code  
 BEDFORD NH 03110-5601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2560821431589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1643.92

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. MARIE PERO**

Mailing Address 516 APPLE LANE

City

HARLEYSVILLE

State

PA

Zip Code

19438-2549

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Prod

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2560821531589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. JOY STEPHENS**

Mailing Address 7320 YORK AVE N

City

BROOKLYN PARK

State

MN

Zip Code

55443-3544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Dir Bus Anlys

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2560821631589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. BRIAN LUND**

Mailing Address 464 EAST NORTH AVE

City

GRANTSBURG

State

WI

Zip Code

54840-7423

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Mgr Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2561457631589

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

134.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. KEITH VOLLBERG**

Mailing Address 1001 NANDINA DR

City  
WESTON

State Zip Code  
FL 33327-2481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Exec Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2563207731589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. LARRY W CAVANAUGH**

Mailing Address 520 NE 20TH ST # 1010

City  
WILTON MANORS

State Zip Code  
FL 33305-2162

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Spc Ben Govt Dntl Sls Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2563211031589**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. KATHLEEN CRAMPTON**

Mailing Address 2335 SOUTH OCEAN BLVD B5

City  
PALM BEACH

State Zip Code  
FL 33480-5368

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Plan Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2563211131589**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

306.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. JACQULYN BARTON**

Mailing Address 1587 112 TH COURT WEST

City State Zip Code  
 INVER GROVE HEIGHTS MN 55077-5412

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Human Capital Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 31 2013

Transaction ID : PR2563211231589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DIANE M HUSS**

Mailing Address 2622 LITER COURT

City State Zip Code  
 ELLICOTT CITY MD 21042-1729

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Clin Qlty Anlyst Sr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 31 2013

Transaction ID : PR2564296731589

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JENNIFER WALSH**

Mailing Address 1101 ROBERTA COURT

City State Zip Code  
 MCLEAN VA 22101-2114

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Dir Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2134.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 31 2013

Transaction ID : PR2564296831589

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

242.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. ARTHUR MILLER**

Mailing Address 5009 ASHINGTON LANDING DRIVE

City State Zip Code  
TAMPA FL 33647-3515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2666.72

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR2564296931589**

Amount of Each Receipt this Period

333.34

P/R Deduction (\$166.67 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ANDREW MACKENZIE**

Mailing Address 1912 IRVING AVE S

City State Zip Code  
MINNEAPOLIS MN 55403-2823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Bus Segment CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR2564297131589**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. STEPHEN SWANSON**

Mailing Address 3001 HUNTINGTON COURT

City State Zip Code  
KATY TX 77493-1159

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
KA VP Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR2564297331589**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

611.34



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. HARVEY BALTHASER**

Mailing Address 3103 FLEECE FLOWER COVE

City State Zip Code  
AUSTIN TX 78735-1539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR2564297531589**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. STEVEN WALLI**

Mailing Address 18615 CHARLEVOIX LANE

City State Zip Code  
CHESTERFIELD MO 63005-6200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR2564297631589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. ELLEN DAMATO**

Mailing Address 1300 DALHART DRIVE

City State Zip Code  
ALLEN TX 75013-5339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Ntwk Contrctng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR2564802231589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

134.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JOSH WILLSON**

Mailing Address 201 ADAMS CT

City  
COLLEYVILLE

State Zip Code  
TX 76034-6811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
SB VP Sls Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2564802531589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. CHRISTOPHER CARLSON**

Mailing Address 12801 OVERLOOK ROAD

City  
DAYTON

State Zip Code  
MN 55327-9678

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2564802631589**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. PAUL HANSEN**

Mailing Address 18430 62ND PLACE NORTH

City  
MAPLE GROVE

State Zip Code  
MN 55311-4585

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Controller Mkt Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2134.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2564802731589**

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

262.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. MARYELLEN GOODWIN**

Mailing Address 1678 BRIDGEWATER DRIVE

City

LAKE MARY

State

FL

Zip Code

32746-4103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA VP Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR2564802931589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. KATHERINE KENNY**

Mailing Address 22408 FITZGERALD DRIVE

City

LAYTONSVILLE

State

MD

Zip Code

20882-2301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SB VP of Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR2564803231589**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. PAUL MARDEN**

Mailing Address 718 HICKORY HILL RD

City

FRANKLIN LAKES

State

NJ

Zip Code

07417-1707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA VP SIs Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR2564803331589**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

184.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. DARREN MOQUIST**

Mailing Address 1200 NICOLLET MALL #507

City State Zip Code  
 MINNEAPOLIS MN 55403-2408

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 31 2013

Transaction ID : PR2564803431589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MARK BELLMAN**

Mailing Address 5601 VAN WINKLE LN

City State Zip Code  
 AUSTIN TX 78739-1694

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 SB VP Sls Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 31 2013

Transaction ID : PR2564803531589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. LISA WRIGHT**

Mailing Address 1512 PARK BLVD

City State Zip Code  
 CHERRY HILL NJ 08002-3715

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Sr Prod Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 31 2013

Transaction ID : PR2564803731589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

84.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 OF 209

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. TAMMY O'HARE**

Mailing Address 2420 SAINT GEORGE WAY

City State Zip Code  
BROOKEVILLE MD 20833-3265

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
SB VP Sls

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 31 2013

Transaction ID : PR2564803931589

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DEBRA BERNIS**

Mailing Address 2553 WASHBURN AVENUE SOUTH

City State Zip Code  
MINNEAPOLIS MN 55416-4350

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Chief Complnc/Ethics Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2134.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 31 2013

Transaction ID : PR2564804031589

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. BARRY HOFER**

Mailing Address 10464 SHELTER GROVE

City State Zip Code  
EDEN PRAIRIE MN 55347-4855

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 31 2013

Transaction ID : PR2564804131589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. KATHRYN RUBIN**

Mailing Address 310 SYCAMORE LANE

City

PLYMOUTH

State

MN

Zip Code

55441-5615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Social Resp/Pres Found

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2134.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2564804331589

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JARROD FORBES**

Mailing Address 2121 PARK FOREST DRIVE

City

CHESTERFIELD

State

MO

Zip Code

63017-5029

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2564804531589

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DONNA CRAIG**

Mailing Address 10761 INDEPENDENCE WAY

City

CARMEL

State

IN

Zip Code

46032-9333

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn Exec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2565448831589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

302.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. NORINE YUKON**

Mailing Address 5118 MANSFIELD VIEW COURT

City State Zip Code  
 AUSTIN TX 78732-1854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Plan Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

**Transaction ID : PR2565449031589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. NEIL MANSUKHANI**

Mailing Address 4215 LAUREL RIDGE CIRCLE

City State Zip Code  
 WESTON FL 33331-4012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 SB Dir PEO Sls

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

**Transaction ID : PR2567129431589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. DENISE ZAMORE**

Mailing Address 12 NOLAN CIRCLE

City State Zip Code  
 MANCHESTER CT 06042-1777

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Assc Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

**Transaction ID : PR2567129531589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

84.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. WENDY ARNONE**

Mailing Address N62W13531 SUNBRUST DRIVE

City State Zip Code  
MENOMONEE FALLS WI 53051-8335

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 31 2013

Transaction ID : PR2568900531589

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MATTHEW STEARNS**

Mailing Address 5105 CAPE COD COURT

City State Zip Code  
BETHESDA MD 20816-2907

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 31 2013

Transaction ID : PR2571777931589

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. CHRISTOPHER PARRILLO**

Mailing Address 9501 WEXCROFT DRIVE

City State Zip Code  
BRENTWOOD TN 37027-3824

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Ntwk Contrctng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 31 2013

Transaction ID : PR2571778231589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

206.00

TOTAL This Period (last page this line number only)..... ►



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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. BRUCE MOYER**

Mailing Address 18426 MAGENTA BAY

City

EDEN PRAIRIE

State

MN

Zip Code

55347-1051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR2571778331589**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. RICHARD A ELLIOTT**

Mailing Address 715 WOODSCAPE TRAIL

City

ALPHARETTA

State

GA

Zip Code

30022-3246

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

819.00

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR2572588831589**

Amount of Each Receipt this Period

39.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. MARCUS ROBINSON**

Mailing Address 590 SPENDER TRACE

City

DUNWOODY

State

GA

Zip Code

30350-5018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SB Mgr Sls Producing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR2572588931589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

145.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. SHAUN JACQUET**

Mailing Address 4332 FOREST RIDGE DRIVE

City State Zip Code  
SUAMICO WI 54313-8557

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Cust Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR2572589331589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. JEFFREY DEAN**

Mailing Address W5912 DEAN ROAD

City State Zip Code  
TOMAHAWK WI 54487-8314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR2572589431589**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. THOMAS SMITH**

Mailing Address 1502 EAST AVENUE NORTH

City State Zip Code  
ONALASKA WI 54650-7003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR2572589531589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

136.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JOSEPH GRAY**

Mailing Address 19480 ELBERT POINT

City  
EXCELSIOR

State Zip Code  
MN 55331-6901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Human Capital Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2572589831589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. KEVIN CARLSON**

Mailing Address 4909 WEST SUNNYSLOPE ROAD

City  
EDINA

State Zip Code  
MN 55424-1170

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Chief of Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2572590031589**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. CHARLES WACKER**

Mailing Address 2747 WEST VIEW DRIVE

City  
NEW PRAGUE

State Zip Code  
MN 56071-8989

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Strat Clnt Rel Ex Optuml

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2572590131589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

134.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. CHRISTINE OBRIEN**

Mailing Address 764 TOPAZ STREET

City

NEW ORLEANS

State

LA

Zip Code

70124-3624

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SB KA Dir SIs AM

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2572590631589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JAMES HARGIS**

Mailing Address 1820 ROSEDALE

City

EDMOND

State

OK

Zip Code

73013-6638

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Mgr Pharm Ops

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2572590731589**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. THOMAS CHEEK**

Mailing Address P0 BOX 86233

City

PHOENIX

State

AZ

Zip Code

85080

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Med Dir

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2572590931589**

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

78.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. THERESA CLARKE**

Mailing Address 16652 1/2 GRAND AVE

City State Zip Code  
BELLFLOWER CA 90706-5038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Assc Dir Clin Qlty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR2572591131589**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. KIMBERLEY MILLER**

Mailing Address 16 CELONOVA PLACE

City State Zip Code  
FOOTHILL RANCH CA 92610-1942

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR2572591231589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. WEI SUN**

Mailing Address 7049 FIRENZA PL

City State Zip Code  
DUBLIN OH 43016-6199

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Act Svs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR2572591331589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

134.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 OF 209

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. THOMAS WIFFLER**

Mailing Address 1421 SOMERFIELD DRIVE

City State Zip Code  
BOLINGBROOK IL 60490-3207

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Chief Field Ops Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2134.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 31 2013

Transaction ID : PR2572992731589

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MICHAEL MCGINNITY**

Mailing Address 903 MCINDOE ST

City State Zip Code  
WAUSAU WI 54403-4976

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Clnt Svc Acct Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 31 2013

Transaction ID : PR2573519031589

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. LESLIE HARE**

Mailing Address 9029 SHEEP RANCH CT

City State Zip Code  
LAS VEGAS NV 89143-5432

FEC ID number of contributing federal political committee.

C

Name of Employer  
Health Plan of Nevada

Occupation  
Dir Clms

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 31 2013

Transaction ID : PR2574979431589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JAMIE BURNETT**

Mailing Address 4625 EWING AVENUE SOUTH

City

MINNEAPOLIS

State

MN

Zip Code

55410-1745

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2574988231589

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. SHELONDA AGEE**

Mailing Address 6317 BUNKER DRIVE

City

LOCUST GROVE

State

GA

Zip Code

30248-7065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Prov Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2574997631589

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. LORI VAN HOLMES**

Mailing Address 4117 BRYANT AVENUE SOUTH

City

MINNEAPOLIS

State

MN

Zip Code

55409-1423

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Human Capital Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2134.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2575030931589

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

292.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. JEFFREY MADDUX**

Mailing Address 207 MARY WIL CT

City

GREENSBORO

State

NC

Zip Code

27455-2262

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SB KA VP SIs Acct Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2575039531589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. HOWARD MARGOLIES**

Mailing Address ONE PAGE DRIVE

City

RED BANK

State

NJ

Zip Code

07701-5640

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SB VP SIs Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2575050331589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. CARY MCCARTY**

Mailing Address 8800 RUMFIELD RD

City

NORTH RICHLAND HILLS

State

TX

Zip Code

76182-6131

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2575059431589**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

134.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. MARK ALLEN**

Mailing Address 11359 ENTREVAUX DRIVE

City State Zip Code  
 EDEN PRAIRIE MN 55347-2862

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Chief of Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

Transaction ID : PR2575060231589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Sandra Nichols**

Mailing Address 12706 YOUNG LANE

City State Zip Code  
 NORTH POTOMAC MD 20878-6112

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Shared Svs Regn CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

Transaction ID : PR2575074531589

Amount of Each Receipt this Period

500.00

P/R Deduction (\$500.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. CHARLES JACOBY**

Mailing Address 3315 IRVING AVE

City State Zip Code  
 MINNEAPOLIS MN 55408-3321

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Dir IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

Transaction ID : PR2575099231589

Amount of Each Receipt this Period

32.00

P/R Deduction (\$16.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

560.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 146 OF 209

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. PHEBE CHAMPION**

Mailing Address 5124 WEDMORE CT

City State Zip Code  
 NORTH LAS VEGAS NV 89031-0364

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Plan of Nevada

Occupation

Assc Dir Cust Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

**Transaction ID : PR2575108331589**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. SCOTT LYDON**

Mailing Address 2 PLOWBOY PATH

City State Zip Code  
 COMMACK NY 11725-1410

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA Dir Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

**Transaction ID : PR2575122231589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. ZOE HUNT**

Mailing Address 4030 SERANGO COURT

City State Zip Code  
 WEST LINN OR 97068-2840

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Med Clin Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

**Transaction ID : PR2575136231589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

106.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. RON JONES**

Mailing Address 10066 ESCAMBA BAY CT

City  
NAPLESState  
FLZip Code  
34120-4621FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Pres Prov Sols

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2575163531589

Amount of Each Receipt this Period

250.00

P/R Deduction (\$125.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. SCOTT CASSANO**

Mailing Address 7607 MAPLE MEADOW STREET

City  
LAS VEGASState  
NVZip Code  
89131-4665FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Plan of Nevada

Occupation

Dir Prov Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2575164431589

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. STEPHEN G NEU**

Mailing Address 11 CAPTAINS POINT

City  
GREENSBOROState  
NCZip Code  
27455-3430FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA VP SIs Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2575190231589

Amount of Each Receipt this Period

10.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

460.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. KRISTIN MOORE**

Mailing Address 9465 DARTRIDGE DRIVE

City  
DALLAS

State  
TX

Zip Code  
75238-1873

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA Dir Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR2575194431589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. MICHAEL PATRICK STAMM**

Mailing Address 6721 MOSSY GLEN DR

City

FORT MYERS

State

FL

Zip Code

33908-4771

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR2575194631589**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. HOWARD GILPIN JR**

Mailing Address 1210 SHEPARD DRIVE

City

BLUE BELL

State

PA

Zip Code

19422-3481

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Act Cnslt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR2575224931589**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

186.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 149 OF 209

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. KATHLEEN CADMUS**

Mailing Address 8426 STONE CREEK CT

City  
CHANHASSEN

State Zip Code  
MN 55317-7408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Bus Process

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 31 2013

**Transaction ID : PR2575230431589**

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. SUSAN KIRKPATRICK**

Mailing Address 417 STERLING STREET

City  
LANCASTER

State Zip Code  
MA 01523-1847

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 31 2013

**Transaction ID : PR2575233631589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. THOMAS RUSSELL**

Mailing Address 10205 GROOMSBIDGE ROAD

City  
JOHNS CREEK

State Zip Code  
GA 30022-5645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Empl Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 31 2013

**Transaction ID : PR2575238631589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

76.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JOANNE SHUEY**

Mailing Address 2694 WEST CREEK DRIVE

 City  
 FRISCO

 State  
 TX

 Zip Code  
 75033-4759

 FEC ID number of contributing  
 federal political committee.

Name of Employer

United HealthCare Services Inc

Occupation

KA VP Sls

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

**Transaction ID : PR2575241631589**

Amount of Each Receipt this Period

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. THOMAS CHOATE**

Mailing Address 209 SOUTHPOND RD

City

GLASTONBURY

State

CT

Zip Code

06033-1712

 FEC ID number of contributing  
 federal political committee.

Name of Employer

United HealthCare Services Inc

Occupation

Chief Growth Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

**Transaction ID : PR2575247831589**

Amount of Each Receipt this Period

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MICHAEL FOGARTY**

Mailing Address 7335 HAMES WAY

City

EDEN PRAIRIE

State

MN

Zip Code

55346-4214

 FEC ID number of contributing  
 federal political committee.

Name of Employer

United HealthCare Services Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

**Transaction ID : PR2575249331589**

Amount of Each Receipt this Period

P/R Deduction (\$365.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. STEPHEN W WILKINS**

Mailing Address 8516 POLARIS DRIVE

 City  
 BAHAMA

 State  
 NC

 Zip Code  
 27503-9604

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Dir Sls Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2575253131589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. TERRY JONES**

Mailing Address 11856 NW 12TH MANOR

 City  
 CORAL SPRINGS

 State  
 FL

 Zip Code  
 33071-5035

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA Dir Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2575279231589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. SAMANTHA MARCARIO**

Mailing Address 2117 CAMP INDIANHEAD ROAD

 City  
 LAND O LAKES

 State  
 FL

 Zip Code  
 34639-5268

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Clin Qlty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2575287831589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

84.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. TOM BEAUREGARD**

Mailing Address 161 SPRING VALLEY ROAD

City

RIDGEFIELD

State

CT

Zip Code

06877-1219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Pres United Essentials

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

609.51

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2575295131589**

Amount of Each Receipt this Period

518.25

P/R Deduction (\$472.62 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. CLARE GROCHOWSKI**

Mailing Address 205 ALAPOCAS DRIVE

City

WILMINGTON

State

DE

Zip Code

19803-4504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Dir Comm

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2575300131589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DAVID WALSH**

Mailing Address 2158 CARROLL AVENUE

City

SAINT PAUL

State

MN

Zip Code

55104-5042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Regl Affs

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2575312731589**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

646.25

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JEFFREY GOLDBERG**

Mailing Address 3410 BRADLEY LANE

City

CHEVY CHASE

State

MD

Zip Code

20815-3262

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Strat Clnt Rel Ex Optuml

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2575326931589**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. PATRICK IMDIEKE**

Mailing Address 15900 WHITE PINE DRIVE

City

WAYZATA

State

MN

Zip Code

55391-2125

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Bus Anlys

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2575347931589**

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MICHAEL TELESKY**

Mailing Address 2602 PENNINGTON PLACE

City

VALPARAISO

State

IN

Zip Code

46383-9163

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA VP SIs Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2575350931589**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

176.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. SALLY BROWN**

Mailing Address 192 HOMEWOOD DRIVE

City State Zip Code  
CLINTON NY 13323-1512

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Assc Dir Service Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.75

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

Transaction ID : PR2575363631589

Amount of Each Receipt this Period

81.10

P/R Deduction (\$40.55 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. CHRIS GALANOS**

Mailing Address 308 PARK VALLEY

City State Zip Code  
COPPELL TX 75019-5368

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Prod

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

Transaction ID : PR2575370031589

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KATHLEEN DOLL**

Mailing Address 3184 MULLIGAN LANE

City State Zip Code  
CHASKA MN 55318-3226

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Sls OptumI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

Transaction ID : PR2575385131589

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

121.10

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. GREGORIO CORTEZ**

Mailing Address 7201 RANCH RD 2222  
APT 2322

City State Zip Code  
AUSTIN TX 78730-3222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 31 2013

**Transaction ID : PR2575394331589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. LINDA POST**

Mailing Address 6520 JAYCOX ROAD

City State Zip Code  
GALENA OH 43021-9530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 31 2013

**Transaction ID : PR2575395231589**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. CAROL GOTHARD**

Mailing Address 16492 BROOKLANE BOULEVARD

City State Zip Code  
NORTHVILLE MI 48168-8417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.55

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 31 2013

**Transaction ID : PR2575419131589**

Amount of Each Receipt this Period

222.22

P/R Deduction (\$111.11 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

280.22

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. JERI LOSE**

Mailing Address 9995 DELL ROAD

City

EDEN PRAIRIE

State

MN

Zip Code

55347-3524

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Info Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2575419831589**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. KARIN O'HARA**

Mailing Address 7138 MCCANN COURT

City

SAVAGE

State

MN

Zip Code

55378-3600

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Accting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2575428731589**

Amount of Each Receipt this Period

250.00

P/R Deduction (\$125.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. JEFFERSON WALTERS**

Mailing Address 8308 CEDAR HILL ROAD

City

WAYNESVILLE

State

OH

Zip Code

45068-8969

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2575445831589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

478.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. LOUIS FLOCCO**

Mailing Address 7353 EAST SKYLINE DRIVE

City  
ORANGE

State  
CA

Zip Code  
92867-6451

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2575448631589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. THOMAS MCGLINCH**

Mailing Address 910 MIDWEST TRAIL NORTH

City

LAKE ELMO

State

MN

Zip Code

55042-9658

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Treasury

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2575451631589

Amount of Each Receipt this Period

365.00

P/R Deduction (\$365.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. CLINTON WOLF**

Mailing Address 2647 N SOUTHPORT

City

CHICAGO

State

IL

Zip Code

60614-1227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Mktg Bus Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2575490931589

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

423.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. MICHELE RAMIREZ**

Mailing Address 37 CALAIS ROAD

City  
RANDOLPH

State Zip Code  
NJ 07869-3531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Human Capital Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2575502431589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. DEBORAH SUNDAL**

Mailing Address 5109 WEST 66TH ST

City  
EDINA

State Zip Code  
MN 55439-1429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Proj Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2575502931589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. ALDIS HAGEN**

Mailing Address 152 OCEAN AVENUE

City  
BREEZY POINT

State Zip Code  
NY 11697-1727

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Compli

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2575506731589**

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

76.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. MOLLY JOSEPH**

Mailing Address 2711 CRESCENT RIDGE ROAD

City State Zip Code  
MINNETONKA MN 55305-2809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR2575521731589**

Amount of Each Receipt this Period

384.00

P/R Deduction (\$192.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. PAUL HEBERT**

Mailing Address 54 GREENWOOD DRIVE

City State Zip Code  
SOUTH WINDSOR CT 06074-2957

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
CEO Spclty Bens Dntl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR2575522331589**

Amount of Each Receipt this Period

250.00

P/R Deduction (\$125.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. ERIC KAPLAN**

Mailing Address 193 PARTRIDGE LANDING

City State Zip Code  
GLASTONBURY CT 06033-2849

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
NA VP SIs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR2575524031589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

662.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. WILLIAM JETER**

Mailing Address 9557 WOODRIDGE CIRCLE

City

EDEN PRAIRIE

State

MN

Zip Code

55347-2744

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR2575528131589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. NADINE HAUF**

Mailing Address 1813 SAN LEANNA

City

ALLEN

State

TX

Zip Code

75013-4741

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Med Clin Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR2575538831589**

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. AMY BALCK**

Mailing Address W1936 CTY S

City

FREEDOM

State

WI

Zip Code

54130-7500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA Mgr Mkt Svc Acct Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR2575548431589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

76.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JULIE SCOTT**

Mailing Address 271 NW 42ND AVE

City State Zip Code  
COCONUT CREEK FL 33066-1823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Ntwk Pricing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR2575578031589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. BEVERLY COURNOYER**

Mailing Address 5333 PAINTED MIRAGE RD

City State Zip Code  
LAS VEGAS NV 89149-0309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Assc Dir RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR2575582631589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. ELIZABETH WINSOR**

Mailing Address 21 THOMPSON HILL ROAD

City State Zip Code  
COLLINSVILLE CT 06019-3532

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
CEO NA Accts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR2575582831589**

Amount of Each Receipt this Period

833.34

P/R Deduction (\$416.67 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

889.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. MICHAEL PETEROY**

Mailing Address 1004 PHILLIPS STREET

City  
VISTA

State  
CA

Zip Code  
92083-7171

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Bus Process

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR2575585631589**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DEBORAH JORGE**

Mailing Address 140 OLD BAY RD

City

BELCHERTOWN

State

MA

Zip Code

01007-9348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR2575593631589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DAVID STAPLES**

Mailing Address 9170 WOODLAND DR

City

MINNETRISTA

State

MN

Zip Code

55375-4515

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Cust Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.75

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR2575633931589**

Amount of Each Receipt this Period

81.10

P/R Deduction (\$40.55 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

187.10

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. BRIAN THOMPSON**

Mailing Address 17829 63RD AVE N

City

MAPLE GROVE

State

MN

Zip Code

55311-4650

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment CFO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2575634631589

Amount of Each Receipt this Period

333.34

P/R Deduction (\$166.67 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JAN HENRY**

Mailing Address 116 KANAPUU PLACE

City

KAILUA

State

HI

Zip Code

96734-4186

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Compli

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2575636831589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. TERENCE CLARK**

Mailing Address 8 COOPER AVENUE

City

EDINA

State

MN

Zip Code

55436-1315

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment CMO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2134.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2575636931589

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

555.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. NEIL COLLINS**

Mailing Address 8465 MISSION HILLS LANE

City  
CHANHASSEN

State Zip Code  
MN 55317-7712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Bus Process

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2575637631589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. BENTON DAVIS**

Mailing Address 9825 NORTH 53RD PLACE

City  
PARADISE VALLEY

State Zip Code  
AZ 85253-1634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP GM Clin Comnty Ntwks

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2575639231589**

Amount of Each Receipt this Period

500.00

P/R Deduction (\$500.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. NANCY SUBLETTE**

Mailing Address 445 CLARA  
#24

City  
SAINT LOUIS

State Zip Code  
MO 63112-4507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
PS Dir Strat Accts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2575646931589**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

628.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. RONALD GONG**

Mailing Address 2240 SOUTH MOON VIEW DRIVE

City State Zip Code  
HACIENDA HEIGHTS CA 91745-5739

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
M R Sls Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2575651531589**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. JENNY HAYHURST**

Mailing Address 23A MOUNT HYGEIA ROAD

City State Zip Code  
FOSTER RI 02825-1434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Ntwk Contrctng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2575651831589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. CARL ALLEN**

Mailing Address 8675 AZURE SKY DRIVE

City State Zip Code  
LAS VEGAS NV 89129-2227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southwest Medical Assoc. Inc.

Occupation  
Phys Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2575669331589**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

184.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. BRADY PRIEST**

Mailing Address 212 N 1ST ST  
APT 511

City State Zip Code  
MINNEAPOLIS MN 55401-1559

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2575677231589**

Amount of Each Receipt this Period

625.00

P/R Deduction (\$312.50 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. CHRISTOPHER STIDMAN**

Mailing Address 6504 CHEROKEE TRAIL

City State Zip Code  
EDINA MN 55439-1109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Med Clin Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2575683831589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. STEPHEN FARRELL**

Mailing Address 50 MAJOR DOANE RD

City State Zip Code  
WELLFLEET MA 02667-7836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2575696231589**

Amount of Each Receipt this Period

240.00

P/R Deduction (\$120.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

893.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. STEVEN CHARLES FELTON**

Mailing Address 6837 29TH AVE NE

City  
SEATTLE

State  
WA

Zip Code  
98115-7236

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Clinical Services INC

Occupation

Nurse Pract

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2575701131589

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. D ELLEN WILSON**

Mailing Address 400 STUART STREET  
25D

City  
BOSTON

State  
MA

Zip Code  
02116-5011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

EVP Human Capital

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2575708831589

Amount of Each Receipt this Period

500.00

P/R Deduction (\$250.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JON SEEBACH**

Mailing Address 6203 UPPER 44TH STREET NORTH

City  
OAKDALE

State  
MN

Zip Code  
55128-2519

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2575715131589

Amount of Each Receipt this Period

365.00

P/R Deduction (\$365.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

905.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. MARK BERNAUER**

Mailing Address 5512 LOWELL AVE

City

INDIANAPOLIS

State

IN

Zip Code

46219-5810

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Hlth Economics Rscher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2575718131589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MARY KNORR**

Mailing Address 1144 PROSPECT AVENUE

City

HARTFORD

State

CT

Zip Code

06105-1124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Ntwks

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2575735431589

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. CARLOS ADAME**

Mailing Address 42584 WHISTLE COURT

City

TEMECULA

State

CA

Zip Code

92592-7105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Human Capital Partner Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2575755431589

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

306.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. HERBERT DOMER**

Mailing Address 2715 IONE COURT

City  
COLUMBUS

State Zip Code  
OH 43235-2810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir IT DT Analytics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2575756031589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. JOSEPH MILES**

Mailing Address 2800 N US 31  
UNIT 1

City  
ALANSON

State Zip Code  
MI 49706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Mktg Cnslt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2575770931589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. MATTHEW MONTOYA**

Mailing Address 12370 BRADFORD DR

City  
PARKER

State Zip Code  
CO 80134-3609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
KA Mgr Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2575777631589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

84.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. PRADEEP KANDI**

Mailing Address 968 CONDOR DR

City  
COPPELLState  
TXZip Code  
75019-5985FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Mgr IT Architecture

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

 M M / D D / Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2575797431589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DARREL FARKUS**

Mailing Address 15 WHITE OAK DRIVE

City  
ASBURYState  
NJZip Code  
08802-1155FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Bus Dvlp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

 M M / D D / Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2575797531589

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. LAURIE RUSSELL**

Mailing Address 3108 SONIA DRIVE

City  
LAS VEGASState  
NVZip Code  
89107-3246FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

 M M / D D / Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2575812131589

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

184.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. WILLIAM MILLER**

Mailing Address 26104 WEST 108 TERRACE

City	State	Zip Code
OLATHE	KS	66061-7522

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1347.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : PR2575819831589

Amount of Each Receipt this Period

576.50

P/R Deduction (\$288.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. WENDY SMITH**

Mailing Address 1512 BLUEBONNET LN

City	State	Zip Code
AUSTIN	TX	78704-2854

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Mktg Bus Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : PR2575826731589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. EDWARD SKOPAS**

Mailing Address 43 JOEL DR

City	State	Zip Code
HEBRON	CT	06248-1245

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Info Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : PR2575842731589

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

682.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. NYLE BRENT COTTINGTON**

Mailing Address 6630 EMPIRE COURT

City

MAPLE GROVE

State

MN

Zip Code

55311-3433

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Accting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.58

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2575865331589

Amount of Each Receipt this Period

30.78

P/R Deduction (\$15.39 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. GLENN LIPPMAN**

Mailing Address 612 NORTH TUMBLEWEED TRAIL

City

AUSTIN

State

TX

Zip Code

78733-3231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Behvrl Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2575882831589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. PAMELA LIPPITT**

Mailing Address 944 RILEY WILLS ROAD

City

LEBANON

State

OH

Zip Code

45036-9037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Dir Med Clin Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

10 / 31 / 2013

Transaction ID : PR2575884431589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

86.78

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. PATRICK LANGAN**

Mailing Address 405 MEADOW LANE

City  
BENSONState  
MNZip Code  
56215-1033FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2134.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2575885031589

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MICHAEL MEDEIROS**

Mailing Address 7112 LANGMUIR DRIVE

City  
MCKINNEYState  
TXZip Code  
75071-4606FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Clnt Mgmt NA Accts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2575930631589

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. SUSAN WEEDMAN**

Mailing Address 5056 PENN AVENUE SOUTH

City  
MINNEAPOLISState  
MNZip Code  
55419-1035FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Human Capital Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR2575940231589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. MARC SALINAS**

Mailing Address 1630 ROCK RIDGE DRIVE

City	State	Zip Code
PROSPER	TX	75078-9728

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 United HealthCare Services Inc

 Occupation  
 VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

Transaction ID : PR2575967931589

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JUDITH PERLMAN**Mailing Address 116 CANTERBURY LANE  
PO BOX 2108

City	State	Zip Code
VINEYARD HAVEN	MA	02568-5659

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 United HealthCare Services Inc

 Occupation  
 VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

Transaction ID : PR2575968931589

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MARK DICELLO**

Mailing Address 5360 ANACALA CT

City	State	Zip Code
WESTERVILLE	OH	43082-8352

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 United HealthCare Services Inc

 Occupation  
 Dir Ntwk Contrctng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

Transaction ID : PR2575977931589

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

184.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. MARK LEENAY**

Mailing Address 17882 BEARPATH TRAIL

City

EDEN PRAIRIE

State

MN

Zip Code

55347-3448

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

NA Med Dir/CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2575982831589**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. MICHAEL CESTA**

Mailing Address 3429 CRESTMOOR ALCOVE

City

WOODBURY

State

MN

Zip Code

55125-5033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2575986431589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. CAROL ANN CHURCHILL**

Mailing Address 230 BATTALION WAY

City

MOUNT JULIET

State

TN

Zip Code

37122-6135

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2575988331589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

134.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. PAMELA GOLD**

Mailing Address 8370 DYNASTY WAY

City

SALT LAKE CITY

State

UT

Zip Code

84121-6089

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SB KA VP SIs Acct Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2575988631589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MARC BRIGGS**

Mailing Address 1608 RED TREE CT

City

DRAPER

State

UT

Zip Code

84020-7704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn Exec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2576001631589**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JOHN SCOTT**

Mailing Address 4574 VIA DON LUIS

City

NEWBURY PARK

State

CA

Zip Code

91320-6905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Info Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2576018631589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

136.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. KIMBERLY SONERHOLM**

Mailing Address 7210 HEGGIE AVE

City  
LAS VEGAS

State Zip Code  
NV 89131-3233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Plan of Nevada

Occupation  
KA VP Sls Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2576033231589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JAY WARMUTH**

Mailing Address 16215 GRABEN COURT

City  
EDEN PRAIRIE

State Zip Code  
MN 55346-2331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Bus Segment Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2576040031589**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. RHONDA MEDOWS**

Mailing Address 7707 WISCONSIN AVENUE  
APT # 530

City  
BETHESDA

State Zip Code  
MD 20814-6547

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Chief Med Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2576040431589**

Amount of Each Receipt this Period

833.34

P/R Deduction (\$416.67 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

939.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. LAURA STONE**

Mailing Address 4644 VENETO DRIVE

City  
FRISCO

State  
TX

Zip Code  
75033-7135

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Dir Ntwk Contractng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR2576045131589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MICHAEL GROENENDAAL**

Mailing Address 1017 N EUCLID

City

OAK PARK

State

IL

Zip Code

60302-1321

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Exe Comp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR2576046231589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. RESTOR JOHNSON**

Mailing Address 2700 CRESCENT RIDGE ROAD

City

MINNETONKA

State

MN

Zip Code

55305-2806

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Entrprs Real Estate Svs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2134.00

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR2576051631589**

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JOHN REX**

Mailing Address 503 HARRINGTON ROAD

City

WAYZATA

State

MN

Zip Code

55391-1512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Mkt Group CFO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4246.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2576060031589**

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ANN M OHARA-FRYKMAN**

Mailing Address 10301 CEDAR LAKE RD #117

City

MINNETONKA

State

MN

Zip Code

55305-3253

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Dir Finance

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2576067531589**

Amount of Each Receipt this Period

14.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. ROBERT COOPER**

Mailing Address 50 BITTERNUT ROAD

City

MOUNT WOLF

State

PA

Zip Code

17347-9694

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Dir Mktg

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2576095931589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

428.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. NATHAN KIEWEL**

Mailing Address 1137 PRAIRIE VIEW DR SW

City  
HUTCHINSON

State Zip Code  
MN 55350-6725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Sr Entrprs Res Plng Cnslt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2576117531589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. CHRIS KENT**

Mailing Address 13273 CARLINGFORD LANE

City  
ROSEMOUNT

State Zip Code  
MN 55068-6308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.55

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2576119031589**

Amount of Each Receipt this Period

222.22

P/R Deduction (\$111.11 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. CHANDRA TORGERSON**

Mailing Address 5433 10TH AVENUE SOUTH

City  
MINNEAPOLIS

State Zip Code  
MN 55417-2413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Med Clin Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2576128631589**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

328.22

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. STEVEN NELSON**

Mailing Address 2542 CROSBY ROAD

City

WAYZATA

State

MN

Zip Code

55391-2318

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1388.85

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2576144831589**

Amount of Each Receipt this Period

555.54

P/R Deduction (\$277.77 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JOHN FRIDNER**

Mailing Address 782 PENFIELD DR

City

CAROL STREAM

State

IL

Zip Code

60188-4738

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SB NA VP SIs/Gen

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2576147531589**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DANIEL KENIRY**

Mailing Address 5553 LITTLE FALLS ROAD

City

ARLINGTON

State

VA

Zip Code

22207-1525

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Gov't Rel

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3849.49

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2577379331589**

Amount of Each Receipt this Period

575.22

P/R Deduction (\$287.61 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

1208.76

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. BRIAN J TIDMARSH**

Mailing Address 14425 NORTH 15TH STREET

City  
PHOENIX

State Zip Code  
AZ 85022-4454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
NA Exec Pharm Ben Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR2578724231589**

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DEMETRIOS KOUZOUKAS**

Mailing Address 15552 57TH PLACE N

City  
PLYMOUTH

State Zip Code  
MN 55446-3737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Mkt Group Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR2578740431589**

Amount of Each Receipt this Period

500.00

P/R Deduction (\$500.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. PHIL KRAUSE**

Mailing Address 326 LAKEWOOD

City  
BLOOMFIELD HILLS

State Zip Code  
MI 48304-3533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Assc Dir Hlthcare Econ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

**Transaction ID : PR2578742131589**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

548.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. JEFFREY FOLKS**

Mailing Address 2216 ESSEX STREET

City  
BALTIMORE

State Zip Code  
MD 21231-3211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 31 2013

Transaction ID : PR2578745731589

Amount of Each Receipt this Period

81.12

P/R Deduction (\$40.56 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. LAURA CIAVOLA**

Mailing Address 1686 WILDFIRE LANE

City  
FRISCO

State Zip Code  
TX 75033-7325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
SVP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2777.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 31 2013

Transaction ID : PR2578824331589

Amount of Each Receipt this Period

1111.10

P/R Deduction (\$555.55 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. SHERRI GIORGIO**

Mailing Address 311 WHITWORTH WAY

City  
NASHVILLE

State Zip Code  
TN 37205-5017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.55

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 31 2013

Transaction ID : PR2600648931589

Amount of Each Receipt this Period

222.22

P/R Deduction (\$111.11 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

1414.44

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. MARIANNE SHORT**

Mailing Address 2215 SUMMIT AVENUE

City  
SAINT PAUL

State Zip Code  
MN 55105-1002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
EVP Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.49

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2601133531589**

Amount of Each Receipt this Period

769.22

P/R Deduction (\$384.61 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. MICHAEL CHRIST**

Mailing Address 23 BRIARWOOD ROAD

City  
WEST HARTFORD

State Zip Code  
CT 06107-2902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.55

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2601156931589**

Amount of Each Receipt this Period

222.22

P/R Deduction (\$111.11 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. STANLEY DENNIS**

Mailing Address 1490 BENT CREEK DRIVE

City  
SOUTHLAKE

State Zip Code  
TX 76092-9499

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Optum Exec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1285.71

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2601169731589**

Amount of Each Receipt this Period

857.14

P/R Deduction (\$428.57 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1848.58



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. SUSAN BUSCH NEHRING**

Mailing Address 2680 COUNTY ROAD NINETY

City State Zip Code  
 MAPLE PLAIN MN 55359

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR2605698331589**

Amount of Each Receipt this Period

250.00

P/R Deduction (\$125.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JEFFREY GULLO**

Mailing Address 5600 WOODSPRING DR

City State Zip Code  
 PLANO TX 75093-8564

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Dir IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR2605699731589**

Amount of Each Receipt this Period

365.00

P/R Deduction (\$365.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KELLY DAVIS**

Mailing Address 12013 TALIESIN PLACE  
 UNIT 22

City State Zip Code  
 RESTON VA 20190-3338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Govt Rel Assc Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR2605734231589**

Amount of Each Receipt this Period

56.16

P/R Deduction (\$28.08 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

671.16

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. TRACY MALONE**

Mailing Address 900 S 22ND ST

City  
ARLINGTON

State Zip Code  
VA 22202-2625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

Transaction ID : PR2605736931589

Amount of Each Receipt this Period

153.84

P/R Deduction (\$76.92 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MICHELLE FERENSIC**

Mailing Address 404 KENTUCKY BRANCH LANE

City  
JACKSONVILLE

State Zip Code  
FL 32259-8863

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
SVP Prov Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.75

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

Transaction ID : PR2605738231589

Amount of Each Receipt this Period

111.10

P/R Deduction (\$55.55 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. LISA WERNER**

Mailing Address 1941 HAVENSWOOD PLACE

City  
BLACKLICK

State Zip Code  
OH 43004-8510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Behvrl Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2013

Transaction ID : PR2606842831589

Amount of Each Receipt this Period

625.00

P/R Deduction (\$312.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

889.94

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. MICHAEL WEISSEL**

Mailing Address 99 HAGEN ROAD

City  
NEWTON

State  
MA

Zip Code  
02459-2731

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Optum Exec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2606842931589**

Amount of Each Receipt this Period

600.00

P/R Deduction (\$300.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JOHN MATECZUN**

Mailing Address 700 SAINT GEORGE BARBER ROAD

City

DAVIDSONVILLE

State

MD

Zip Code

21035-1348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1071.42

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR2606845131589**

Amount of Each Receipt this Period

714.28

P/R Deduction (\$357.14 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1314.28

78410.25

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 188 OF 209

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Colorado Democratic Party Federal Account**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2013

Mailing Address 789 Sherman Street, Suite 110

City	State	Zip Code
Denver	CO	80203

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**Transaction ID : 36491738**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Fiscal Leadership And Knowing Economics PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2013

Mailing Address PO Box 13692

City	State	Zip Code
Tempe	AZ	85284

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type**Fiscal Leadership And Knowing Economics PAC**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**Transaction ID : 36493104**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Pioneer Political Action Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2013

Mailing Address 701 8th Street NW, Suite 500

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type**Pioneer Political Action Committee**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**Transaction ID : 36493106**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

12500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 189 OF 209

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Pompeo for Congress Inc**

Mailing Address PO Box 780146

City	State	Zip Code
Wichita	KS	67212

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Michael R. Pompeo**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2013

**Transaction ID : 36493108**

Amount of Each Disbursement this Period

3000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Yoder for Congress, Inc**

Mailing Address PO Box 26742

City	State	Zip Code
Overland Park	KS	66225

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Kevin Yoder**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2013

**Transaction ID : 36493109**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Portman For Senate Committee**

Mailing Address 9856 Archer Lane

City	State	Zip Code
Dublin	OH	43017-8914

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Rob Portman**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2013

**Transaction ID : 36508041**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9000.00
---------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Republican Party of Kentucky - Federal Account**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2013

Mailing Address P.O. Box 1068

City	State	Zip Code
Frankfort	KY	40602

**Transaction ID : 36508042**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

011

Category/  
Type

5000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Contribution

State: District:

Full Name (Last, First, Middle Initial)

**B. Fund for America's Future**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2013

Mailing Address P.O. Box 1373

City	State	Zip Code
Columbia	SC	29202

**Transaction ID : 36508043**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

011

Category/  
Type

2500.00

**Fund for America's Future**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Contribution

State: District:

Full Name (Last, First, Middle Initial)

**C. Democratic Party of Wisconsin - Federal Account**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2013

Mailing Address 110 King Street, Suite 203

City	State	Zip Code
Madison	WI	53703

**Transaction ID : 36568376**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

011

Category/  
Type

2500.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Contribution

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Democratic Party of Wisconsin - Federal Account**

Mailing Address 110 King Street, Suite 203

City Madison	State WI	Zip Code 53703
-----------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2013

**Transaction ID : 36568377**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Renee Ellmers for Congress Committee**

Mailing Address PO Box 99567

City Raleigh	State NC	Zip Code 27624
-----------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Renee Ellmers RN**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NC District: 02

Disbursement For:	2014
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2013

**Transaction ID : 36580168**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Hoosiers First PAC**

Mailing Address PO Box 772

City Indianapolis	State IN	Zip Code 46206
----------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Hoosiers First PAC**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	
	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2013

**Transaction ID : 36580234**

Amount of Each Disbursement this Period

2000.00
---------

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. John Carney for Congress**

Mailing Address PO Box 2162

City  
WilmingtonState  
DEZip Code  
19899Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. John Charles Carney Jr.**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: DE District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2013

**Transaction ID : 36580281**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Duckworth for Congress**

Mailing Address PO Box 59568

City  
SchaumburgState  
ILZip Code  
60159Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Tammy L. Duckworth**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2013

**Transaction ID : 36580282**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Graves for Congress**

Mailing Address 2345 Grand Blvd

City  
Kansas CityState  
MOZip Code  
64108Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Samuel B. Graves**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2013

**Transaction ID : 36580283**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Connecticut Democratic State Central Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2013

Mailing Address 330 Main Street, 3rd Floor

City	State	Zip Code
Hartford	CT	06106

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**Transaction ID : 36580284**

Amount of Each Disbursement this Period

4250.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4250.00

47250.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 194 OF 209

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Friends of Bob Rankin**

Mailing Address PO Box 1858

City	State	Zip Code
Carbondale	CO	81623

Purpose of Disbursement  
Robert Rankin, STATE HOUSE 57th CO

Candidate Name

**CO Rep. Robert Rankin**

Office Sought:	Disbursement For: 2014
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

State: CO District: 57

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		11		2013

**Transaction ID : 36491670**

Amount of Each Disbursement this Period

200.00
--------

Robert Rankin, STATE HOUSE 57th CO

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Clarice Navarro-Ratzlaff**

Mailing Address 1809 Paseo Del Tesoro

City	State	Zip Code
Pueblo	CO	81008

Purpose of Disbursement  
Clarice Navarro-Ratzlaff, STATE HOUSE 47th CO

Candidate Name

**CO Rep. Clarice Navarro-Ratzlaff**

Office Sought:	Disbursement For: 2014
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

State: CO District: 47

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		11		2013

**Transaction ID : 36491698**

Amount of Each Disbursement this Period

200.00
--------

Clarice Navarro-Ratzlaff, STATE HOUSE 47th CO

Full Name (Last, First, Middle Initial)

**C. Citizens for Dan Nordberg**

Mailing Address 13803 Firefall Ct

City	State	Zip Code
Colorado Springs	CO	80921

Purpose of Disbursement  
Dan Nordberg, STATE HOUSE 14th CO

Candidate Name

**CO Rep. Dan Nordberg**

Office Sought:	Disbursement For: 2014
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

State: CO District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		11		2013

**Transaction ID : 36491700**

Amount of Each Disbursement this Period

200.00
--------

Dan Nordberg, STATE HOUSE 14th CO

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 195 OF 209

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Lois Landgraf**

Mailing Address 10620 Double D Road

City Fountain	State CO	Zip Code 80817
------------------	-------------	-------------------

Purpose of Disbursement  
Lois Landgraf, STATE HOUSE 21st CO

Candidate Name

**CO Rep. Lois Landgraf**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CO District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		11		2013

**Transaction ID : 36491708**

Amount of Each Disbursement this Period

200.00
--------

Lois Landgraf, STATE HOUSE 21st CO

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Jim Wilson**

Mailing Address 220 Wood Avenue

City Salida	State CO	Zip Code 81201
----------------	-------------	-------------------

Purpose of Disbursement  
James Wilson, STATE HOUSE 60th CO

Candidate Name

**Co Rep. James Wilson**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CO District: 60

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		11		2013

**Transaction ID : 36491721**

Amount of Each Disbursement this Period

200.00
--------

James Wilson, STATE HOUSE 60th CO

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Tim Dore**Mailing Address 795 E. Kiowa Ave.  
PO Box 668

City Elizabeth	State CO	Zip Code 80107-0668
-------------------	-------------	------------------------

Purpose of Disbursement  
Tim Dore, STATE HOUSE 64th CO

Candidate Name

**CO Rep. Tim Dore**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CO District: 64

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		11		2013

**Transaction ID : 36491725**

Amount of Each Disbursement this Period

200.00
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Tim Dore, STATE HOUSE 64th CO

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

600.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Colorado Democratic Party State Account**

Mailing Address 777 Santa Fe Drive

City	State	Zip Code
Denver	CO	80204

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		11		2013

**Transaction ID : 36491735**

Amount of Each Disbursement this Period

2825.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Bob Ramsey for State Representative**

Mailing Address 2120 Middlewood Drive

City	State	Zip Code
Maryville	TN	37803

Purpose of Disbursement  
Bob Ramsey, STATE HOUSE 20th TN

Candidate Name

**TN Rep. Bob Ramsey**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 20

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		01		2013

**Transaction ID : 36491739**

Amount of Each Disbursement this Period

500.00
--------

Bob Ramsey, STATE HOUSE 20th TN

Full Name (Last, First, Middle Initial)

**C. Jon Lundberg for State Representative**

Mailing Address 212 Skyline Drive

City	State	Zip Code
Bristol	TN	37620

Purpose of Disbursement  
Jon Lundberg, STATE HOUSE 1st TN

Candidate Name

**TN Rep. Jon Lundberg**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 01

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		01		2013

**Transaction ID : 36491740**

Amount of Each Disbursement this Period

750.00
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Jon Lundberg, STATE HOUSE 1st TN

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4075.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Kelly Keisling for State Representative**

Mailing Address P.O. Box 577

City	State	Zip Code
Byrdstown	TN	38549

Purpose of Disbursement  
Kelly Keisling, STATE HOUSE 38th TN

Candidate Name

**TN Rep. Kelly Keisling**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 38

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2013

**Transaction ID : 36491741**

Amount of Each Disbursement this Period

750.00
--------

Kelly Keisling, STATE HOUSE 38th TN

Full Name (Last, First, Middle Initial)

**B. Ryan Haynes for State Representative**

Mailing Address 8614 Ashbourne Way

City	State	Zip Code
Knoxville	TN	37923

Purpose of Disbursement  
Ryan Haynes, STATE HOUSE 14th TN

Candidate Name

**TN Rep. Ryan Haynes**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2013

**Transaction ID : 36491742**

Amount of Each Disbursement this Period

1000.00
---------

Ryan Haynes, STATE HOUSE 14th TN

Full Name (Last, First, Middle Initial)

**C. Matlock for State Representative**

Mailing Address 190 Matlock Road

City	State	Zip Code
Lenoir City	TN	37771

Purpose of Disbursement  
Jimmy Matlock, STATE HOUSE 21st TN

Candidate Name

**TN Rep. Jimmy Matlock**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2013

**Transaction ID : 36501785**

Amount of Each Disbursement this Period

750.00
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Jimmy Matlock, STATE HOUSE 21st TN

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Sexton for State Representative**

Mailing Address 186 Homestead Drive

City	State	Zip Code
Crossville	TN	38555

Purpose of Disbursement  
Cameron Sexton, STATE HOUSE 25th TN

Candidate Name

**TN Rep. Cameron Sexton**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 25

011

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2013

**Transaction ID : 36501787**

Amount of Each Disbursement this Period

500.00
--------

Cameron Sexton, STATE HOUSE 25th TN

Full Name (Last, First, Middle Initial)

**B. Bo Watson for State Senate**

Mailing Address 1208 E. Dallas Road

City	State	Zip Code
Chattanooga	TN	37405

Purpose of Disbursement  
Bo Watson, STATE SENATE 11th TN

Candidate Name

**TN Sen. Bo Watson**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District:

011

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2013

**Transaction ID : 36501788**

Amount of Each Disbursement this Period

1000.00
---------

Bo Watson, STATE SENATE 11th TN

Full Name (Last, First, Middle Initial)

**C. Randy McNally Campaign**

Mailing Address 94 Royal Troon Circle

City	State	Zip Code
Oak Ridge	TN	37830

Purpose of Disbursement  
Randy McNally, STATE SENATE 5th TN

Candidate Name

**TN Sen. Randy McNally III**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District:

011

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		08		2013

**Transaction ID : 36508056**

Amount of Each Disbursement this Period

1000.00
---------

Randy McNally, STATE SENATE 5th TN

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Haile for Senate**

Mailing Address 1900 Cairo Road

City	State	Zip Code
Gallatin	TN	37066

Purpose of Disbursement  
Ferrell Haile, STATE SENATE 18th TN

Candidate Name

**TN Sen. Ferrell Haile**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2013

**Transaction ID : 36508057**

Amount of Each Disbursement this Period

750.00
--------

Ferrell Haile, STATE SENATE 18th TN

Full Name (Last, First, Middle Initial)

**B. Harold Love Campaign**

Mailing Address 2516 Buchanan St

City	State	Zip Code
Nashville	TN	37208

Purpose of Disbursement  
Harold Love, STATE HOUSE 58th TN

Candidate Name

**TN Rep. Harold Love Jr.**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 58

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2013

**Transaction ID : 36508059**

Amount of Each Disbursement this Period

500.00
--------

Harold Love, STATE HOUSE 58th TN

Full Name (Last, First, Middle Initial)

**C. Friends of John McComish**

Mailing Address 4463 E Desert View Dr

City	State	Zip Code
Phoenix	AZ	85044

Purpose of Disbursement  
John McComish, STATE SENATE 18th AZ

Candidate Name

**John McComish**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2013

**Transaction ID : 36508292**

Amount of Each Disbursement this Period

500.00
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John McComish, STATE SENATE 18th AZ

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1750.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Friends of Jeff Dial**

Mailing Address 2936 W. Gregg Drive

City Chandler	State AZ	Zip Code 85224
------------------	-------------	-------------------

Purpose of Disbursement  
Jeff Dial, STATE HOUSE 18th AZ

Candidate Name

**AZ Rep. Jeff Dial**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2013

**Transaction ID : 36508880**

Amount of Each Disbursement this Period

500.00
--------

Jeff Dial, STATE HOUSE 18th AZ

Full Name (Last, First, Middle Initial)

**B. Robson 2014**

Mailing Address 2713 W Oakgrove Ln

City Chandler	State AZ	Zip Code 85224
------------------	-------------	-------------------

Purpose of Disbursement  
Bob Robson, STATE HOUSE 18th AZ

Candidate Name

**AZ Rep. Bob Robson**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2013

**Transaction ID : 36508881**

Amount of Each Disbursement this Period

500.00
--------

Bob Robson, STATE HOUSE 18th AZ

Full Name (Last, First, Middle Initial)

**C. Justin Burr for NC House**

Mailing Address PO Box 1966

City Albemarle	State NC	Zip Code 28002
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Purpose of Disbursement  
Justin Burr, STATE HOUSE 67th NC

Candidate Name

**NC Rep. Justin Burr**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 67

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2013

**Transaction ID : 36548425**

Amount of Each Disbursement this Period

2000.00
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Justin Burr, STATE HOUSE 67th NC

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Apodaca for NC Senate Committee**

Mailing Address 1504 Fifth Avenue, West

City	State	Zip Code
Hendersonville	NC	28739

Purpose of Disbursement  
Tom Apodaca, STATE SENATE 48th NC

Candidate Name

**NC Sen. Tom Apodaca**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2013

**Transaction ID : 36548433**

Amount of Each Disbursement this Period

1000.00
---------

Tom Apodaca, STATE SENATE 48th NC

Full Name (Last, First, Middle Initial)

**B. Friends of Tim Moore**

Mailing Address 1417 Merrimont Drive

City	State	Zip Code
Kings Mountain	NC	28086

Purpose of Disbursement  
Timothy Moore, STATE HOUSE 111th NC

Candidate Name

**NC Rep. Timothy Moore**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2013

**Transaction ID : 36548633**

Amount of Each Disbursement this Period

1000.00
---------

Timothy Moore, STATE HOUSE 111th NC

Full Name (Last, First, Middle Initial)

**C. Ralph Hise for NC Senate**

Mailing Address PO Box 86

City	State	Zip Code
Spruce Pine	NC	28777

Purpose of Disbursement  
Ralph Hise, STATE SENATE 47th NC

Candidate Name

**NC Sen. Ralph Hise Jr**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2013

**Transaction ID : 36548640**

Amount of Each Disbursement this Period

2000.00
---------

Ralph Hise, STATE SENATE 47th NC

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Phil Berger Committee**

Mailing Address PO Box 1309

City Eden	State NC	Zip Code 27289-1309
--------------	-------------	------------------------

Purpose of Disbursement  
Philip Berger, STATE SENATE 26th NC

Candidate Name

**NC Sen. Philip Berger**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2013

**Transaction ID : 36548659**

Amount of Each Disbursement this Period

1000.00
---------

Philip Berger, STATE SENATE 26th NC

Full Name (Last, First, Middle Initial)

**B. Johnson for Representative**

Mailing Address 2599 Memorial Drive EXT

City Clarksville	State TN	Zip Code 37043
---------------------	-------------	-------------------

Purpose of Disbursement  
Curtis Johnson, STATE HOUSE 68th TN

Candidate Name

**TN Rep. Curtis Johnson**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 68

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2013

**Transaction ID : 36549049**

Amount of Each Disbursement this Period

750.00
--------

Curtis Johnson, STATE HOUSE 68th TN

Full Name (Last, First, Middle Initial)

**C. Paulsen for State House Committee**

Mailing Address PO Box 250

City Hiawatha	State IA	Zip Code 52233
------------------	-------------	-------------------

Purpose of Disbursement  
Kraig Paulsen, STATE HOUSE 67th IA

Candidate Name

**IA Rep. Kraig Paulsen**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 67

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2013

**Transaction ID : 36549304**

Amount of Each Disbursement this Period

750.00
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Kraig Paulsen, STATE HOUSE 67th IA

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Upmeyer for House**

Mailing Address 2175 Pine Avenue

City	State	Zip Code
Garner	IA	50438

Purpose of Disbursement  
Linda Upmeyer, STATE HOUSE 54th IA

Candidate Name

**IA Rep. Linda Upmeyer**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 54

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2013

**Transaction ID : 36549305**

Amount of Each Disbursement this Period

750.00
--------

Linda Upmeyer, STATE HOUSE 54th IA

Full Name (Last, First, Middle Initial)

**B. Citizens for Gronstal**

Mailing Address 220 Bennett Ave.

City	State	Zip Code
Council Bluffs	IA	51503

Purpose of Disbursement  
Michael Gronstal, STATE SENATE 8th IA

Candidate Name

**IA Sen. Michael Gronstal**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2013

**Transaction ID : 36549306**

Amount of Each Disbursement this Period

750.00
--------

Michael Gronstal, STATE SENATE 8th IA

Full Name (Last, First, Middle Initial)

**C. Cownie for State House**

Mailing Address 5017 Harwood Dr.

City	State	Zip Code
Des Moines	IA	50312

Purpose of Disbursement  
Peter Cownie, STATE HOUSE 60th IA

Candidate Name

**IA Rep. Peter Cownie**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 60

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2013

**Transaction ID : 36549307**

Amount of Each Disbursement this Period

250.00
--------

Peter Cownie, STATE HOUSE 60th IA

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1750.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. VoteKelsey.com**

Mailing Address PO Box 382354

City  
GermantownState  
TNZip Code  
38183Purpose of Disbursement  
Brian Kelsey, STATE SENATE 31st TN

Candidate Name

**TN Sen. Brian K. Kelsey**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2013

**Transaction ID : 36568375**

Amount of Each Disbursement this Period

500.00
--------

Brian Kelsey, STATE SENATE 31st TN

Full Name (Last, First, Middle Initial)

**B. Dawanna Dukes Campaign**

Mailing Address PO Box 14645

City  
AustinState  
TXZip Code  
78761Purpose of Disbursement  
Dawanna Dukes, STATE HOUSE 46th TX

Candidate Name

**TX Rep. Dawanna Dukes**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 46

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2013

**Transaction ID : 36582095**

Amount of Each Disbursement this Period

500.00
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Dawanna Dukes, STATE HOUSE 46th TX

Full Name (Last, First, Middle Initial)

**C. Donna Howard Campaign**

Mailing Address PO Box 5375

City  
AustinState  
TXZip Code  
78763Purpose of Disbursement  
Donna Howard, STATE HOUSE 48th TX

Candidate Name

**TX Rep. Donna Howard**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 48

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2013

**Transaction ID : 36582098**

Amount of Each Disbursement this Period

500.00
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Donna Howard, STATE HOUSE 48th TX

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Elliot Naishtat Campaign**

Mailing Address 6401 Wilbur Dr.

City Austin	State TX	Zip Code 78757
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Purpose of Disbursement  
Elliott Naishtat, STATE HOUSE 49th TX

Candidate Name

**TX Rep. Elliott Naishtat**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 49

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

**Transaction ID : 36582100**

Amount of Each Disbursement this Period

500.00
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Elliott Naishtat, STATE HOUSE 49th TX

Full Name (Last, First, Middle Initial)

**B. Eddie Rodriguez Campaign**

Mailing Address PO Box 2436

City Austin	State TX	Zip Code 78768
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Purpose of Disbursement  
Eddie Rodriguez, STATE HOUSE 51st TX

Candidate Name

**TX Rep. Eddie Rodriguez**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 51

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

**Transaction ID : 36582101**

Amount of Each Disbursement this Period

500.00
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Eddie Rodriguez, STATE HOUSE 51st TX

Full Name (Last, First, Middle Initial)

**C. Kirk Watson Campaign**

Mailing Address PO Box 2004

City Austin	State TX	Zip Code 78768
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Purpose of Disbursement  
Kirk Watson, STATE SENATE 14th TX

Candidate Name

**TX Sen. Kirk Watson**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

**Transaction ID : 36582103**

Amount of Each Disbursement this Period

1000.00
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Kirk Watson, STATE SENATE 14th TX

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Brian Birdwell Campaign**

Mailing Address 1602 Catalina Bay Court

City	State	Zip Code
Granbury	TX	76048

Purpose of Disbursement  
Brian Birdwell, STATE SENATE 22nd TX

011

Candidate Name

**TX Sen. Brian Birdwell**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

**Transaction ID : 36582104**

Amount of Each Disbursement this Period

1000.00
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Brian Birdwell, STATE SENATE 22nd TX

Full Name (Last, First, Middle Initial)

**B. Friends of Donna Campbell**

Mailing Address 1108 Lavaca St. Box 110-464

City	State	Zip Code
Austin	TX	78701

Purpose of Disbursement  
Donna Campbell, STATE SENATE 25th TX

011

Candidate Name

**TX Sen. Donna Campbell**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

**Transaction ID : 36582105**

Amount of Each Disbursement this Period

1000.00
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Donna Campbell, STATE SENATE 25th TX

Full Name (Last, First, Middle Initial)

**C. The Marsha Farney Campaign**

Mailing Address PO Box 99

City	State	Zip Code
Georgetown	TX	78627

Purpose of Disbursement  
Marsha Farney, STATE HOUSE 20th TX

011

Candidate Name

**TX Rep. Marsha Farney**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

**Transaction ID : 36582106**

Amount of Each Disbursement this Period

500.00
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Marsha Farney, STATE HOUSE 20th TX

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Larry Gonzales Campaign**

Mailing Address PO Box 2501

City	State	Zip Code
Round Rock	TX	78680

Purpose of Disbursement  
Larry Gonzales, STATE HOUSE 52nd TX

Candidate Name

**TX Rep. Larry Gonzales**

Office Sought:	Disbursement For:
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

State: TX District: 52

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

**Transaction ID : 36582107**

Amount of Each Disbursement this Period

500.00
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Larry Gonzales, STATE HOUSE 52nd TX

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Jason Isaac**

Mailing Address 100 Commons Rd., Suite 7-125

City	State	Zip Code
Dripping Springs	TX	78620-2904

Purpose of Disbursement  
Jason Isaac, STATE HOUSE 45th TX

Candidate Name

**TX Rep. Jason Isaac**

Office Sought:	Disbursement For:
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

State: TX District: 45

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

**Transaction ID : 36582108**

Amount of Each Disbursement this Period

500.00
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Jason Isaac, STATE HOUSE 45th TX

Full Name (Last, First, Middle Initial)

**C. John Kuempel Campaign**

Mailing Address 523 East Donegan St.

City	State	Zip Code
Sequin	TX	78155

Purpose of Disbursement  
John Kuempel, STATE HOUSE 44th TX

Candidate Name

**TX Rep. John Kuempel**

Office Sought:	Disbursement For:
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

State: TX District: 44

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

**Transaction ID : 36582109**

Amount of Each Disbursement this Period

500.00
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John Kuempel, STATE HOUSE 44th TX

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00
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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

UnitedHealth Group Incorporated PAC (United for Health)

Roland Gutierrez, STATE HOUSE 119th TX

Lyle Larson, STATE HOUSE 122nd TX

Jose Menendez, STATE HOUSE 124th TX



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Leticia Van de Putte Campaign**

Mailing Address 1616 W. Mulberry

City	State	Zip Code
San Antonio	TX	78201

Purpose of Disbursement  
Leticia Van de Putte, STATE SENATE 26th TX

Candidate Name

**TX Sen. Leticia Van de Putte**

Office Sought:	Disbursement For: 2016
<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

State: TX District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

**Transaction ID : 36582116**

Amount of Each Disbursement this Period

1000.00
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Leticia Van de Putte, STATE SENATE 26th TX

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	Disbursement For:
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	Disbursement For:
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00
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33775.00
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